

Alena Rakhman
H&P #1
Rotation 5 – ObGyn

Location: Woodhull Medical Center

Date: 5/30/19

Time: 11:30 AM

Source of Info: self

CC: “menstrual irregularity” x4 months

HPI

41-year-old female with past medical history of hyperlipidemia presents to the ObGyn outpatient clinic complaining of metrorrhagia x4 months. She states that prior to that, her period was regular. In the past 4 months, her period has been coming every other month, but the duration and the flow of the period is still the same. Her last menstrual period was on 5/18/19 and her usual menstrual cycle is every 24 days. She also reports vaginal dryness for the past couple of months and dyspareunia. She has not tried anything to alleviate her symptoms. She underwent tubal ligation in 2017 with no post-op complications. Her last PAP smear was in 2017 which was normal. Her last mammogram was in 2018, which was also normal. Denies fever, chills, recent weight loss or gain, night sweats, chest pain, shortness of breath, palpitations, nausea, vomiting, diarrhea, constipation, dysuria, urinary frequency or urgency, flank pain, vaginal discharge, bleeding or spotting between periods or after sexual intercourse, and recent travel.

Differential Diagnosis

- 1) **perimenopause** – 41-year-old female, metrorrhagia, vaginal dryness, and dyspareunia
- 2) **endometriosis** – 41-year-old female, metrorrhagia, and dyspareunia

PMH

Hyperlipidemia

Immunizations

Up to date

Past surgical hx

- Tubal ligation bilaterally (2017)
- Denies past injuries or blood transfusions

Past hospitalizations

See surgical hx

Medications

No known current medications

Allergies

- Hazelnut (itching)
- No known drug or seasonal allergies

Family history

Denies family hx of breast, ovarian and endometrial cancer

Social History

- She is married and lives with her husband and her 2 kids, which she delivered vaginally without complications.
- She works as a home attendant.
- Denies hx of smoking cigarettes, illicit drug use or alcohol consumption.
- She is currently sexually active with her husband and does not use any contraception. Denies hx of STIs.
- She does not follow any specific diet and admits that she frequently eats unhealthily.

ROS

General

- denies generalized weakness/fatigue, loss of appetite, recent weight loss or gain, fever or chills, or night sweats

Skin, hair and nails

- denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus, or changes in hair distribution

Head

- denies HA, vertigo, or head trauma

Eyes

- denies visual disturbance, lacrimation, photophobia, or pruritus; does not wear glasses or contacts

Ears

- denies deafness, pain, discharge, or tinnitus

Nose/Sinuses

- denies congestion, rhinorrhea, epistaxis or obstruction

Mouth and throat

- denies sore tongue, sore throat, mouth ulcers, voice changes, or bleeding gums; does not remember date of last dental exam

Neck

- denies localized swelling/lumps, or stiffness/decreased range of motion

Breast

- denies lumps, nipple discharge, or pain

Pulmonary System

- denies cough, SOB, DOE, orthopnea, wheezing, hemoptysis, cyanosis, or PND

Cardiovascular System

- denies CP, palpitations, HTN, irregular heartbeat, edema/swelling of ankles or feet, syncope or known heart murmur

Gastrointestinal System

- denies loss of appetite, intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, abdominal pain, abdominal distention, constipation, diarrhea, change in bowel habit, hemorrhoids, or melena

Genitourinary System

- denies urinary urgency, urinary frequency, flank pain, nocturia, oliguria, polyuria, dysuria, incontinence, or awakening at night to urinate

Menstrual and Obstetrical

- **G2P2002, positive for metrorrhagia, premenstrual symptoms, dyspareunia;** denies menorrhagia, dysmenorrhea, vaginal d/c, first menarche at 11 years old

Nervous System

- denies HA, seizures, loss of consciousness, weakness, sensory disturbances, ataxia, loss of strength, or change in cognition/mental status/memory

Musculoskeletal System

- denies muscle/joint pain, deformity/swelling, redness, or arthritis

Peripheral Vascular System

- denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color change

Hematologic System

- denies easy bruising or bleeding, hx of blood transfusions, lymph node enlargement, or history of DVT/PE

Endocrine System

- denies polyuria/polydipsia/polyphagia, heat or cold intolerance, goiter, excessive sweating, or hirsutism

Psychiatric

- denies anxiety, depression/sadness, obsessive/compulsive disorder, or seeing a mental health professional

Physical Exam

General appearance

Alert, cooperative, appears stated age, well-developed, well-groomed and well-nourished, in no distress.

Vitals

BP → 131/79 (right arm, sitting)

HR → 76 bpm, regular

RR → 18 bpm, unlabored

Temp → 97.6 F (oral)

SpO2 → 97% (room air)

Height → 5.2 inches

Weight → 179 pounds

BMI → 32.7

Skin – skin color, texture, turgor normal, no rashes or lesions

Lungs – clear to auscultation bilaterally, respirations unlabored, no adventitious sounds

Chest wall – no tenderness or deformity, no paradoxical respirations or use of accessory muscles noted

Heart – regular rate and rhythm, S1 and S2 normal, no murmur, rub or gallop

Breast exam – no tenderness, masses, or nipple abnormality bilaterally

Abdomen – flat, symmetrical, soft, non-tender, bowel sounds active in all four quadrants, no masses, no organomegaly, no CVA tenderness

Female genitalia – no erythema, inflammation, ulcerations, lesions or discharge noted; vaginal mucosa without inflammation, erythema or discharge; cervix multiparous without lesions or discharge; no cervical motion tenderness; uterus is non-tender and of normal size, shape, and consistency; adnexa without masses or tenderness

Rectal exam – patient refused

Extremities – skin normal in color and warm to touch upper and lower extremities bilaterally; no calf tenderness bilaterally, equal in circumference; no cyanosis/clubbing/edema noted bilaterally

Labs

POC pregnancy, urine – negative

Assessment

41-year-old female with past medical history of hyperlipidemia presents to the ObGyn outpatient clinic complaining of metrorrhagia x4 months, vaginal dryness, and dyspareunia for the past couple of months. Physical exam and lab results unremarkable.

Rule out:

- 1) **perimenopause** – 41-year-old female, metrorrhagia, vaginal dryness, and dyspareunia
- 2) **endometriosis** – 41-year-old female, metrorrhagia, and dyspareunia
- 3) **PCOS** – metrorrhagia, obesity

Management/Plan

- Pelvic and transvaginal sonogram
- Mammogram
- Use of lubricant recommended
- Staying sexually active
- Consider vaginal estrogen if trial of lubricant fails
- Primary care follow-up for obesity and hyperlipidemia management
- Follow-up with ObGyn in 1 year if symptoms resolve and pelvic sonogram results normal

Patient Education/Follow-up care

Perimenopause is the transitional period leading to menopause. Menopause is recognized when you have no periods for a full year. Perimenopause usually begins during your 30s or 40s. The level of estrogen, the main female hormone in your body, rises and falls unevenly during perimenopause. Your menstrual cycles may lengthen or shorten, and you may begin having menstrual cycles in which your ovaries don't release an egg. You may also experience menopause-like symptoms, such as hot flashes, sleep problems and vaginal dryness.

In order to improve vaginal dryness and painful intercourse, you can try over the counter water based vaginal lubricants. Choose products that don't contain glycerin, which can cause burning or irritation in women who are sensitive to that chemical. Staying sexually active also helps by increasing blood flow to the vagina.

You will follow up with a pelvic and transvaginal sonogram. It is a noninvasive diagnostic exam that allows for quick visualization of the female pelvic organs and structures, including the uterus, cervix, vagina, fallopian tubes and ovaries.

We will also schedule you for a mammogram, a procedure that is recommended to be done every year. Your last mammogram was in 2017, which was normal. This is done for screening purposes in order to catch any abnormalities as early as possible and to start treatment as soon as possible.

You should also follow-up with your primary care provider regularly, specifically to address your hyperlipidemia and obesity, in order to find appropriate management.

If any results come back abnormal, we will contact you. Otherwise, if you continue not having any complains, you can follow-up with the ObGyn clinic in 1 year.

Seek medical attention immediately if any of your symptoms worsen by either contacting our clinic or proceeding to the emergency room.