

Harriet Ribbons.

4th year Medical Student.

University of Sheffield.

OSCE Question (Ectopic Pregnancy)

Instructions for the Student:

This 21 year old presents to Accident and Emergency (A&E) with a 4 hour history of severe lower abdominal pain and vaginal bleeding.

1. Take a history from this patient (8 minutes)
2. Discuss the case summary with the examiner and explain how you would proceed in the care of this patient by answering set questions (7 minutes)

Instructions for the Patient:

Act concerned and upset as you are young and unsure what is happening to you.

Miss Anna Brown. DOB: 27/02/91. Hospital Number: 123456

Occupation: Cashier in Tesco.

PC:

Lower abdominal pain and Vaginal bleeding.

HPC:

You woke up this morning with terrible lower abdominal pain that prevented you from getting out of bed. During this period of time you have had to change your sanitary towel every 2 hours due to heavy bleeding.

This really worried you so you got your boyfriend to take you to A&E.

You are not due your period (she would be OVERdue if her LMP was 5 weeks ago).
Your last menstrual period was five weeks ago.

SITE Lower abdomen.

ONSET At 4am this morning suddenly.

CHARACTER A strong stabbing pain.

RADIATION Along the lower abdomen generally.

AGGRAVATING Nothing has made the pain worse – typically movement, coughing, opening bowels makes pain worse, as peritoneal lining irritated.

TIME For the past few hours.

ELEVIATING Nothing made the pain better.

SEVERITY 9/10.

SEXUAL/ CONTRA/ GYNAE/ OBS HISTORY:

You are sexually active with a partner of 1 year. You live together.

You've never had any pain or bleeding related to sexual intercourse.

Your method of contraception is the IUD that you have had for the past year.

You have never had any sexually transmitted diseases.

Menarche at 15. You have periods but due to the IUD they are not regular. Before insertion of the IUD your periods were regular and normal flow. Last menstrual period was five weeks ago.

You've never had any irregular bleeding, pain on menstruation (dysmenorrhea) or pain on sex (dyspareunia) in the past.

You have 0 parity and 0 gravidity.

PMH:

Appendectomy at age 8.

Suffers from eczema, hayfever and mild asthma.

DH:

No known drug allergies.

IUD Copper coil in situ since 2012.

FH:

Mother (52) suffers from migraines and eczema. Father (55) fit and well.

Brother (17) suffers from eczema and asthma.

Both Grandparents died from a stroke in their 80s.

SH:

Works at tesco as a cashier.

Lives in a house with her boyfriend.

Non smoker. Drinks occasionally. Has never taken any illicit drugs.

Instructions for the Examiner:

- Check for open question and that they can FOCUS on asking questions specific to ectopics: D&V, shoulder tip pain due to peritoneal irritation, any preceding brown discharge (typical)
- See that the student is exploring differential diagnosis symptoms eg:
 - Miscarriage
 - Gastroenteritis? NB: Ectopics can present with D&V due to peritoneal irritation
 - Appendicitis
 - Pelvic inflammatory disease
 - Ovarian torsion
- Take a THOROUGH history that includes:
 - Contraception
 - Sexual history
 - Obstetric history
 - Gynaecological history

Additional Questions:

- Ask for a summary of the case: This must be accurate with all the major points.
- Ask for the most probable cause: ECTOPIC PREGNANCY
- Ask for differential diagnosis:
 - Miscarriage
 - Gastroenteritis
 - Appendicitis
 - Pelvic inflammatory disease
 - Ovarian torsion
- Ask what two investigations you would ask for to confirm your diagnosis:
 - HCG TEST
 - ABDOMINAL ULTRASOUND
- Ask what the treatment is for ectopic pregnancy: I would split into CONSERVATIVE, MEDICAL, SURGICAL
 - Methotrexate medically (if there is little pain, unruptured ectopic, NO heartbeat seen i.e. must not be a live ectopic or an hCG level <1500 IU/Litre).
 - Salpingectomy surgically (if there is pain, a large mass, a fetal heartbeat or an hCG level >5000 IU/Litre) – Surgical option essentially ONLY option in an emergency – this could be laparoscopic or laparotomy (depending on skill and experience of surgeon)
 - I would suggest including marks for explaining to the patient what you think is happening. Lots of women do not know what an ectopic pregnancy is, this would test the skills of the students in avoiding medical jargon – perhaps drawing pictures to explain what is happening.

Also – as a point of discussion afterwards, ask student for other risk factors for ectopic pregnancies...