

Gynaecological History OSCE station (KAYLEIGH GIBBS)

STUDENT BRIEF

You are a junior in clinic. You have been asked to see Mrs Saunders. Please take a full history and present your findings to the Registrar, including Ddx, and Ix

ACTOR BRIEF

- Mrs Saunders age 63
- 1 week history of worsening post-menopausal bleeding
- Relatively light bleeding
- 1st episode
- No exacerbating or alleviating factors
- Having to wear sanitary towels
- No changes in bladder or bowel
- No post-coital bleeding
- No abdominal pain
- No skin changes or itching
- Menarche age 11, regular cycle, 29 days with 6 day bleed
- COCP for many years
- Menopause aged 55
- 3 children aged 30, 28 and 27. Normal vaginal births at term, no complications during the birth or pregnancy and no NICU stay. Miscarriage between 1st and 2nd child at 11 weeks
- Some weight loss over the past 6 months, 3kg. (Weighs 65kg usually)
- Feels slightly bloated lately and increasingly tired (put down to age)
- Some vaginal discharge (watery) over the last 4 months
- Up to date with smears – no abnormal results
- No previous STDs
- MHx: Vaginal atrophy
- Medication: oestrogen creams
- SHx: Femoral hernia repair aged 48
- NKDA
- No FHx of gynaecological cancer, however, father died of bowel cancer age 71
- Non smoker
- Likes a glass of wine several times per week with dinner, sometimes goes over 14 units per week
- Lives at home with husband. Usually fit and well.
- Attends yoga twice per week, likes gardening
- Ex primary school teacher – retired
- Systems review – Entirely normal

Important points/Marking criteria

Introduction (introduces self, identifies patient, washes hands, gains consent, makes patient comfortable)

Presenting complaint (Identifies why patient has attended)

History of presenting complaint (onset of symptoms, duration, exacerbating and relieving factors, associated pain, other associated symptoms)

RED FLAG SIGNS (weight loss, tiredness, discharge etc)

Gynaecological/ Obstetric history (menopause, children, pregnancies, births, menstrual history, contraception use, smears, STDs)

Past medical/ surgical history (Any other conditions, previous surgeries, recent admissions/ hospital attendances)

Medications (prescribed, over the counter, herbal (ST JOHNS WORT etc.))

ALLERGIES

Ideas, concerns and expectations

Family History (cancer in the family, especially gynaecological cancers, any other gynaecological problems e.g. fibroids)

Social History (occupation, living situation, alcohol, drugs, smoking, pets, usually able to look after themselves?)

Systems Review (Any other symptoms, go from head to toe and ask about each area)

Ddx:

- Endometrial cancer (**MOST IMPORTANT TO RULE OUT!**)
- Atrophic Vaginitis/ Endometrial atrophy
- Cervical Polyps
- Endometrial hyperplasia

Ix:

- Speculum examination
- Bimanual
- US (ABDO or TV)
- Bloods (FBC, CRP/ ESR, Ca125, glucose (can be high in endometrial cancer))
- Urine Dip (haematuria can be seen in endometrial cancer sometimes)
- CT
- Hysteroscopy
- Endometrial Biopsy
- Dilatation and Curettage (D and C) → to take samples of a suspected malignancy