

Clinical Cases
in Obstetrics,
Gynaecology
and Women's
Health

NOTICE

Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required. The editors and the publisher of this work have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication. However, in view of the possibility of human error or changes in medical sciences, neither the editors, nor the publisher, nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete. Readers are encouraged to confirm the information contained herein with other sources. For example, and in particular, readers are advised to check the product information sheet included in the package of each drug they plan to administer to be certain that the information contained in this book is accurate and that changes have not been made in the recommended dose or in the contraindications for administration. This recommendation is of particular importance in connection with new or infrequently used drugs.



CLINICAL CASES SERIES

Clinical Cases in Obstetrics, Gynaecology and Women's Health

CAROLINE DE COSTA

PAUL HOWAT

Department of Obstetrics and Gynaecology
James Cook University School of Medicine,
Cairns Campus

The McGraw-Hill Companies

Sydney New York San Francisco Auckland
Bangkok Bogotá Caracas Hong Kong
Kuala Lumpur Lisbon London Madrid
Mexico City Milan New Delhi San Juan
Seoul Singapore Taipei Toronto



First published 2007

Text © 2007 Caroline de Costa and Paul Howat

Illustrations and design © 2007 McGraw-Hill Australia Pty Ltd

Additional owners of copyright are acknowledged on the Acknowledgments page.

Apart from any fair dealing for the purposes of study, research, criticism or review, as permitted under the *Copyright Act*, no part may be reproduced by any process without written permission. Enquiries should be made to the publisher, marked for the attention of the Permissions Manager, at the address below.

Every effort has been made to trace and acknowledge copyright material. Should any infringement have occurred accidentally the authors and publishers tender their apologies.

Copying for educational purposes

Under the copying provisions of the *Copyright Act*, copies of parts of this book may be made by an educational institution. An agreement exists between the Copyright Agency Limited (CAL) and the relevant educational authority (Department of Education, university, TAFE, etc.) to pay a licence fee for such copying. It is not necessary to keep records of copying except where the relevant educational authority has undertaken to do so by arrangement with the Copyright Agency Limited.

For further information on the CAL licence agreements with educational institutions, contact the Copyright Agency Limited, Level 19, 157 Liverpool Street, Sydney NSW 2000. Where no such agreement exists, the copyright owner is entitled to claim payment in respect of any copies made.

Enquiries concerning copyright in McGraw-Hill publications should be directed to the Permissions Manager at the address below.

National Library of Australia Cataloguing-in-Publication data:

De Costa, Caroline, 1947– .

Clinical cases in obstetrics, gynaecology and women's health.

Includes index.

ISBN 9780074716403.

ISBN 0 074 71640 9.

1. Obstetrics—Case studies. 2. Gynecology—Case studies. 3. Women—Health and hygiene. I. Howat, Paul. II. Title. (Series: Clinical cases in emergency medicine).
618

Published in Australia by

McGraw-Hill Australia Pty Ltd

Level 2, 82 Waterloo Road, North Ryde NSW 2113

Publishing Manager: Jo Munnelly

Acquisitions Editor: Nicole Meehan

Production Editor: Samantha Miles

Editor: Carolyn Pike

Permissions Editor: Jared Dunn

Proofreader: Tim Learner

Indexer: Glenda Browne

Designer (cover and interior): Jan Schmoeger, Designpoint

Illustrators: Nives Porcellato and Andrew Craig

Printed by 1010 Printing International Limited, China

The McGraw-Hill Companies



Contents

	Acknowledgments	ix
	About the authors	x
	Introduction	xi
	Common abbreviations	xiii
Part 1	Guidelines	1
	Taking an obstetric or gynaecological history	3
	Conducting an examination	5
Part 2	Clinical Cases in General Practice	9
	Case 1 Kate presents for a well-woman check ...	11
	Case 2 Elena comes for a postnatal check ...	20
	Case 3 Felicity is recalled for an abnormal Pap smear report ...	24
	Case 4 Christine's periods are becoming heavier ...	29
	Case 5 Mai Ling is missing school because of heavy periods ...	35
	Case 6 April is bothered by acne ...	39
	Case 7 Chloe has severe period pains ...	43
	Case 8 Dorothy complains of an itch ...	46
	Case 9 Tammy is unexpectedly pregnant ...	51
	Case 10 Lara is followed through a normal pregnancy ...	56
	Case 11 Diane has diabetes and wants to have a baby ...	64
	Case 12 Maria has a twin pregnancy ...	68
	Case 13 Hazel and Kevin are trying for a pregnancy ...	74
	Case 14 Ruth complains of abdominal swelling ...	81
	Case 15 Jamie-Lee needs to know about safe sex ...	86
	Case 16 Daniela has a molar pregnancy ...	91
	Case 17 Patricia complains of hot flushes ...	95

CONTENTS

	Case 18 Debbie presents with some irregular bleeding ...	101
	Case 19 Miranda fears she may be pregnant ...	105
	Case 20 Sunithra is depressed following the birth of her baby ...	110
	Case 21 Sara would like to be pregnant ...	116
Part 3	Clinical Cases in Obstetrics	121
	Case 22 Lucy's long labour leads to further problems ...	123
	Case 23 Megan develops pre-eclampsia ...	138
	Case 24 Helen presents with raised blood pressure in pregnancy ...	147
	Case 25 Stacey presents to the birth suite at 28 weeks of pregnancy ...	152
	Case 26 Bronwyn is bleeding at 31 weeks of pregnancy ...	157
	Case 27 Dora develops diabetes in pregnancy ...	162
	Case 28 Diane has diabetes and is pregnant ...	169
	Case 29 Maria is followed through a twin pregnancy ...	173
	Case 30 Tayla presents with herpes in pregnancy ...	177
	Case 31 Amanda suffers a placental abruption ...	182
	Case 32 Melissa has persistent vomiting in pregnancy ...	187
	Case 33 Julia has a breech presentation ...	190
	Case 34 Tegan develops an obstetric emergency ...	198
	Case 35 Kahlia's baby seems small ...	206
Part 4	Clinical Cases in Gynaecology	211
	Case 36 Rebecca presents with acute abdominal pain ...	213
	Case 37 Vicky has postmenopausal bleeding ...	217
	Case 38 Rani has an ovarian cyst ...	222
	Case 39 Sharon is bleeding in early pregnancy ...	226
	Case 40 Angie presents with an ectopic pregnancy ...	230
	Case 41 Sandra is bothered by 'leaking' ...	234
	Multiple choice questions and answers	240
	Index	251



Contents by subject matter

- Antenatal care 56–63
- Antepartum haemorrhage 157–161, 182–186
- Breech presentation 190–197
- Cancer of cervix 101–104
 - of endometrium 217–221
 - of ovary 81–85
 - of vulva 46–50
- Cervical cytology 11–19, 24–28
- Contraception 11–19, 95–100, 105–109, 147–151
- Cord prolapse 198–205
- Diabetes in pregnancy 64–67, 162–168, 169–172
- Dysmenorrhoea 43–45, 116–120
- Ectopic pregnancy 230–233
- Endometriosis 116–120
- Hypertension in pregnancy 147–151
- Infertility and sub-fertility 74–80, 116–129
- Intrauterine growth retardation 206–210
- Management of labour 56–63, 123–137
- Mastitis 195–197
- Menopause 95–100
- Menorrhagia 29–34, 35–38
- Miscarriage 226–229
- Molar pregnancy 91–94
- Multiple pregnancy 68–73, 173–175
- Ovarian cysts 81–85, 222–225
- Pelvic inflammatory disease 213–216
- Polycystic ovarian syndrome 39–42
- Postmenopausal bleeding 217–221
- Postnatal depression 110–115
- Postpartum haemorrhage 123–137, 182–186
- Pre-eclampsia 138–146

CONTENTS BY SUBJECT MATTER

- Preterm labour 152–156
- Prolonged labour 123–137
- Pruritis vulvae 46–50
- Sexually transmitted infections 86–90, 105–109, 177–181
- Sterilisation 51–55, 157–161
- Termination of pregnancy 51–55
- Urinary incontinence 234–238
- Vomiting in pregnancy 187–189
- Well-woman checks 11–19, 20–23



Acknowledgments

We wish to thank all the staff of the Women's Health Unit and the Operating Suite of Cairns Base Hospital, with whom we have worked over the past 15 years, and who have taught us much of what we have included in this book. In particular we thank Paul McNamara for his assistance with the case study concerned with post-natal depression. We are also grateful to Josie Valesse of James Cook University School of Medicine for her invaluable advice about IT matters.



About the authors

Caroline de Costa is Professor of Obstetrics and Gynaecology at James Cook University School of Medicine, Cairns Campus.

Paul Howat is Director of Obstetrics and Gynaecology at Cairns Base Hospital, Cairns, and Adjunct Senior Lecturer at James Cook University School of Medicine.



Introduction

This book is addressed to the medical student following the core curriculum in Australia and New Zealand, the junior doctor at resident or house officer level, and the doctor caring for women in general practice, family planning practice or in a women's health clinic.

Although the book broadly covers the whole syllabus for the medical student, and the whole range of obstetric and gynaecological problems likely to come into the path of the busy junior hospital doctor or general practitioner, it is not a textbook providing simply a list of differential diagnoses and treatments. Our approach has developed from our experience teaching problem-based learning scenarios (PBLs) to clinical students from James Cook University School of Medicine. PBLs introduce students to typical clinical situations and then encourage those students to think about how they would take appropriate histories, examine, investigate and finally treat their patients. In this book, by using case histories that are more developed and complex than most of our PBLs, we aim to show readers in greater detail how women may present with particular conditions, and demonstrate what should take place in the way of consultation, investigations and treatment. However, by questioning our readers as we go along we also hope to encourage them to think about why they would choose a certain clinical course of action and to base their decisions firmly on current scientific evidence. In addition to the purely clinical aspects of the cases, emotional, social and psychological aspects of the care of each woman is described. We expect that the book will be used in conjunction with existing standard texts.

Each of the 41 case histories commences with a straightforward description following a woman through the clinical presentation of a particular condition. Along the way, important points in clinical examination and diagnosis, complications, investigations and management are incorporated into the text as a conversation with the reader, and essential points are highlighted in boxes. Finally, one or more 'clinical pearls' are appended—we hope that these gems will lodge permanently in the brain of the reader as they are facts that should never be forgotten when dealing with the particular

INTRODUCTION

condition. References for the information provided can be found at the end of each case history together with suggestions for further reading.

At the end of the book are 30 multiple choice questions for self-testing.

In the chapters dealing with obstetrics and gynaecology we address the reader as a house officer or resident charged with the daily (and nightly) care of patients in a busy urban hospital setting. Being ourselves practitioners in a rural area, we have at times included tips for those junior doctors faced with obstetric or gynaecological problems in a smaller metropolitan or rural setting—facilities for care and the advice of senior practitioners may be more limited in such surroundings and different care paths may be more appropriate.

In the section dealing with women's health, we address the reader as a general practitioner in an urban or rural setting, in a women's health clinic or in a family planning clinic. We hope the transfer from one clinical situation to another will prove understandable to the general reader. We have found this method of direct conversation, about situations they will shortly face as junior doctors, very acceptable to the medical students of JCU School of Medicine whom we teach daily at the campus in Cairns.



Common abbreviations

ACE	angiotensin-converting enzyme
AFI	amniotic fluid index
ARM	artificial rupture of the membranes
BMI	body mass index
BP	blood pressure
BPD	biparietal diameter
BSL	blood sugar level
BSO	bilateral salpingo-oophorectomy
CA-125	cancer antigen 125
CASA	cancer-associated serum antigen
CIN	cervical intraepithelial neoplasia
COCP	combined oral contraceptive pill
CRL	crown-rump length
CT	computed tomography
CTG	cardiotocography
CVP	central venous pressure
CVS	chorionic villus sampling
D&C	dilatation and curettage
DHEAS	dehydroepiandrosterone sulfate
DMPA	depot medroxyprogesterone acetate
DVT	deep venous thrombosis
ECV	external cephalic version
EDC	expected date of confinement
EDD	expected date of delivery
EFW	estimated fetal weight
ESR	erythrocyte sedimentation rate
EUA	examination under anaesthesia
FBC	full blood count
fFn	fetal fibronectin
FL	femur length
FNT	fetal nuchal translucency

COMMON ABBREVIATIONS

FSH	follicle stimulating hormone
FTA-Abs	fluorescent treponemal antibodies
GBS	group B <i>Streptococcus</i>
GDM	gestational diabetes mellitus
GTT	glucose tolerance test
Hb	haemoglobin
HbA _{1c}	glycosylated haemoglobin
HCV	hepatitis C virus
HIV	human immunodeficiency virus
HPV	human papillomavirus
HSG	hysterosalpingogram
HSIL	high-grade squamous intraepithelial lesion
HSV	herpes simplex virus
IM	intramuscular
IUCD	intrauterine contraceptive device
IUGR	intrauterine growth restriction
IV	intravenous
IVF	in-vitro fertilisation
LBC	liquid-based cytology
LDH	lactate dehydrogenase
LFT	liver function test
LH	luteinising hormone
LLETZ	large loop excision of the transformation zone
LMP	last menstrual period
LMWH	low-molecular-weight heparin
LSIL	low-grade squamous intraepithelial lesion
MRI	magnetic resonance imaging
MSU	midstream urine
NHMRC	National Health and Medical Research Council
NSAIDs	non-steroidal anti-inflammatory drugs
PAPP-A	pregnancy-associated plasma protein
PCOS	polycystic ovarian syndrome
PGF _{2a}	prostaglandin F _{2a}
PID	pelvic inflammatory disease
RPR	rapid plasma reagin
SSRI	selective serotonin reuptake inhibitor
STI	sexually transmitted infection
TAH	total abdominal hysterectomy
TFT	thyroid function test
TPHA	<i>Treponema pallidum</i> haemagglutination antibody
TPL	‘threatened’ preterm labour

COMMON ABBREVIATIONS

TVUSS	transvaginal ultrasound scans
UFH	unfractionated heparin
USS	ultrasound scan
UTI	urinary tract infection
VBAC	vaginal birth after caesarean section
VDRL	Venereal Disease Research Laboratories
VIN	vulval intraepithelial neoplasia
VTE	venous thromboembolism
β-HCG	beta-human chorionic gonadotrophin