OSCE Type case
Name: Abd-Manaaf Bakere
Case Scenario
A 28-year-old woman presents with a complaint of vaginal bleeding and left lower quadrant pain for the past 3 days.

History elements
Vaginal bleeding: moderate amount, bright red, no clots
Pain: crampy in nature, localized to the left lower quadrant, radiates to the back
No fever, chills, or flu-like symptoms
No dysuria, hematuria, or urinary frequency
No recent change in bowel habits
Last menstrual period: 3 weeks ago, regular cycles, no history of irregular periods
Sexually active with one partner for the past year, uses oral contraceptive pills regularly
No history of STIs, last screening 1 year ago was negative
No previous gynecological surgeries or significant medical history
No history of trauma or recent physical exertion
No nausea, vomiting, or loss of appetite

Physical Exam
Vital signs: P 82, BP 118/72, R 16, T 98.6 SpO2: 98% Height" 5"6 Weight (145 lb) BMI: 23.4
Gen: alert, in Non-Acute Distress, appears uncomfortable due to pain
HENT:
Head: Normocephalic and atraumatic.
Ears: External ear normal.
Nose: no epistaxis.
Mouth/Throat:
Mouth: dry mucous membranes.
Pharynx: Oropharynx is clear.
Eyes: PERRLA, EOM, intact visual or visual acuity.
Heart: Regular rate and rhythm, S1 and S2 appreciated. No gallops.
Lungs: Clear to auscultation bilaterally, symmetrical chest expansion
Abdomen: BS +, tenderness to palpation in the left lower quadrant, no rebound tenderness or guarding
Pelvic exam: moderate amount of blood in the vaginal vault, no cervical motion tenderness, uterus normal size, left adnexal tenderness, no palpable masses, no discharge
Rectal: normal tone, no masses, stool guaiac negative

Differential Diagnosis:
Ectopic Pregnancy
Ectopic pregnancy often presents with abdominal pain and vaginal bleeding. Given pt is of reproductive age and sexually active, an ectopic pregnancy is a critical diagnosis to consider and rule out, even though her urine pregnancy test is negative. A transvaginal ultrasound can help confirm or exclude this diagnosis.
Ovarian Cyst Rupture

Ovarian cysts are common and can rupture, causing acute pain and sometimes vaginal bleeding. The presence of left adnexal tenderness and the finding of a complex cyst in the left ovary on ultrasound support this diagnosis. The acute onset and nature of her pain are consistent with a ruptured cyst.

Pelvic Inflammatory Disease (PID)
PID is an infection of the female reproductive organs and can cause abdominal pain and vaginal bleeding. It is often associated with a history of sexually transmitted infections (STIs). While she has no history of STIs and her current STI screening is negative, the possibility of a subclinical or recent infection that has not been detected cannot be completely ruled out.
Endometriosis
Endometriosis can cause chronic pelvic pain and abnormal bleeding. The left lower quadrant pain, which radiates to the back and is crampy in nature, could be indicative of endometriosis. While she has no prior diagnosis of endometriosis, it is a condition that can present later in life and is worth considering, especially if the pain is cyclical and associated with her menstrual cycle.
Dysfunctional Uterine Bleeding (DUB)
DUB is a diagnosis of exclusion that can cause abnormal uterine bleeding without an underlying structural cause. In patient's case, if other serious causes (like ectopic pregnancy or significant pathology) are ruled out, DUB may be considered. The regular use of oral contraceptive pills might also influence bleeding patterns.

Tests/Imaging
Urine pregnancy test – negative
Transvaginal ultrasound – presence of a complex cyst in the left ovary
Complete blood count (CBC) – normal
STI screening (NAAT for gonorrhea and chlamydia) – negative

Treatment:
Pain management: NSAIDs or acetaminophen for pain relief
Monitor and follow up with repeat ultrasound in 6 weeks if the cyst is presumed to be functional, usually spontaneously resolve
If symptoms persist, worsen or cyst >8cm, surgical intervention (e.g., laparoscopy or laporatomy)

Pt. counseling:
Discuss the findings and explain the nature of ovarian cysts
Counsel on the importance of follow-up appointments to monitor the cyst
Advise to seek immediate medical attention if experiencing severe pain, heavy bleeding, or signs of infection (fever, chills)
Educate on the potential need for surgical intervention if the cyst does not resolve
Invite questions and use teach-back to ensure understanding.