

### SAQ 7

A 19 yr old female presents to your Emergency Department complaining of gradual onset of Right Iliac Fossa pain.

Vital signs:

HR 80

BP 128 / 62

RR 16

Sats 99% (Room air)

Temp 36.5 °C

**a. List six potential gynaecological causes for the patient's pain. (6 Marks)**

*Ectopic pregnancy*

*Ovarian torsion*

*PID*

*Cyst accident / rupture*

*Intra-ovarian haemorrhage*

*Pelvic adhesions*

*Ovulatory pain / Mittelschmerz*

*Pelvic congestion syndrome*

*Endometriosis*

*Fibroid*

*Taken from Textbook of Adult Emergency Medicine, Cameron, 3rd Edition, Chp 19.6*

**b. An intern is about to review the patient. List four key topics that should be covered in the clinical history (4 Marks)**

*History of presenting complaint*

*Gynae / menstrual history*

*Obstetric history*

*Surgical history*

*Sexual history*

**c. Following clinical review you make a diagnosis of ovulatory pain (Mittelschmerz). List your management options. (1 Mark)**

*Analgesia - simple only - nil marks for complex / advanced analgesic use*

*OCP - COCP or progesterone*

**d. Prior to discharge the intern tells you the patient's mother has arrived and is unhappy with the diagnosis and management plan. Outline how you would deal with this situation (4 Marks)**

*See the mother and patient with patient's consent*

*Acknowledge complaint / complainant*

*Attempt to address complain / defuse*

*Document discussion / outcome*

*Provide information on formal complains procedure*