Week 8 Case Study

The case study presented includes:

A 58-year-old African-American female complaining of brown vaginal discharge for several days last week. She is a G0, having never been able to get pregnant. Her pap history is normal with her last pap 2 years ago reported an NILM HPV negative, atrophic changes, no endocervical cells noted. T.S. was never able to conceive, but never had an infertility work-up. She also has Type II Diabetes with an A1C of 7.5. She takes Glipizide and Metformin for her diabetes.

Brown vaginal discharge in a post-menopausal woman can occur for various reasons. Inquiring further about her health history is important in properly diagnosing her. Some questions I would ask include:

- How long has the discharge been occurring for?
- How heavy is the discharge?
- Any recent intercourse?
- Are you taking any herbal supplements?
- Are you taking any other medications besides the medications for your diabetes?
- Any family history of cancer?
- Age when you became menopausal?
- Any pain with the discharge?

Differential Diagnoses

Endometrial Cancer- Abnormal vaginal bleeding is a common early symptom that presents in those with endometrial cancer. Symptoms also include bleeding after menopause and pelvic pains. Increases in estrogen levels from obesity, diabetes and or polycystic ovarian syndrome can all increase the risk of endometrial cancer as well (Mayo Clinic, 2021). Other risk factors include older age, obesity, never having been pregnant and Lynch syndrome (Mayo Clinic, 2021).

Endometrial hyperplasia- The changes in hormone levels during menopause cause the endometrium to thicken. These hormone changes are due to estrogen levels increasing and progesterone decreasing (Singh and Puckett, 2021). As the lining thickens bleeding and abnormal spotting can occur (Singh and Puckett, 2021).

Vaginal infection- Vaginal infections can cause various colored discharge as well as spotting. Risk factors for a vaginal infection include recent antibiotic use, douching, diabetes and antibiotics (Acog.org, 2021).

Based on the data presented, the primary diagnosis for this patient is endometrial cancer. The patient has abnormal vaginal bleeding, is menopausal, obese, has Type II Diabetes that is moderately controlled with medication and has never had children. All these factors place her at risk for endometrial cancer. Treatment options would include a hysterectomy and maintaining a healthy weight (Mayo Clinic, 2021). Maintaining a healthy weight will help balance estrogen levels as well as help regulate the patient's diabetes better.

Testing

To diagnose and rule out other possibilities I would order a transvaginal ultrasound (TVUS) and endometrial biopsy depending on the findings (Mayo Clinic, 2021). According to ACOG, endometrial lining greater than 4 mm on TVUS is indicative of needing a biopsy (Acog.org,

2021). Biopsy may also be warranted for persistent abnormal vaginal bleeding or echogenic spots noted on ultrasound (Acog.org, 2021).

References

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Week 8 Response Post #1- Ememobong Udosen

Great post Ememobong! Another differential diagnosis you may add based on the patients' presenting symptoms and complaint of abnormal bleeding is vaginal atrophy. Vaginal atrophy is a common diagnosis in postmenopausal women as the lining of the uterus begins to thin and become dry due to the lack of estrogen (Sung and Abramovitz, 2021). The vaginal dryness can create pain and bleeding, especially after intercourse. Other common symptoms of vaginal atrophy include burning, itching, frequent urination and urinary tract infections (*Vaginal*

atrophy 2021). Vaginal atrophy is diagnosed during a pelvic exam as visually there are changes such as minor cuts or lacerations, redness or swelling, whitish discoloration of the vagina, sparsity in pubic hair an a shortened or narrowed vagina (20231). Other tests that may be necessary for atrophic changes that may be a result of other conditions aside from menopause include a pap smear, urine sample, ultrasound, hormone testing and vaginal pH (2021).

References

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