Women's Health Interest Society of Monash

MUMUS

WHISM

Practice OSCEs in Obstetrics & Gynaecology

2020

Disclaimer

These OSCE stems have been written by members Year 4C and 5D Monash medical students who are members of WHISM. They are intended as a study aid for students undertaking their Women's Health rotation and/or preparing for their Women's Health exams. Any relevance to faculty released OSCE stations is purely coincidental.

Title sheet

Author: Sachintha Senarath

Date written: 30/08/2020

Reviewer: Shalini Ponnampalam

Date reviewed: 04/10/2020

Station title: Tanya is worried about her bleeding

Topic covered: Post-menopausal bleeding

Station type: History

Candidate instructions

Stem

You are an O&G registrar at a gynaecology clinic. Tanya is a 57-year-old lady who has been referred to you by her GP for evaluation for her abnormal uterine bleeding.

Tasks

1. Take a history (5 minutes)
2. Answer the examiner's questions (3 minutes).

Patient and examiner instructions/Marking sheet

Patient name: Tanya Grutton

Patient age: 57

Patient occupation: Librarian

History (Please stop candidate at 5 minutes and move onto questions)

Introduction	**Opening statement: "**Doctor I came to see you because I've been having some bleeding from down below" **Statement if asked for more information:** "It's been happening for 2 months or so now and hasn't gone away so I'm a bit worried."
HOPC	• Ongoing for 2 months, happens intermittently, 1-2days/week • Volume – unsure, no clots, goes through 1-2 pads, dark red blood • Nil pelvic pain or dyspareunia • Sexually active with husband – uses topical oestrogen for lubrication
O&G history	• Periods – regular 28-day cycle with 5 days of bleeding, menarche at age 10 • Abnormal bleeding – nil post-coital or intermenstrual bleeding • Pain – nil abnormal • Sexual – sexually active with husband (married for 30 years), nil history of STIs • Screening – annual mammograms for FHx of breast cancer, had pap smear 4 years ago which was normal, has not had any CSTs since • Menopause at age 54 – not on HRT, took SSRIs for 12 months for mood symptoms • Urogynaecology – no symptoms of prolapse/incontinence • Reproductive history – G0P0 • Cancer signs – nil weight loss ("I wish!"), night sweats, fatigue
Cluster questions	• Nil dizziness, light-headedness, fatigue or SOB (anaemia) • Nil fever, discharge, odours (STI, PID)

	• Nil itchiness, dryness, post-coital bleeding (atrophic vaginitis) • Nil dysuria, nocturia, frequency (UTI) • Nil bowel changes, haematochezia (colonic bleeding)
Past medical Hx	• GORD
Family Hx	• Tanya's mother and sister both developed breast cancer at age 45 and 60 respectively. Stable at the moment. Tanya was started on tamoxifen for prevention. She self-examines her breasts regularly. She currently has no symptoms such as breast pain, discharge, asymmetry, lumps or skin changes. • Two uncles on opposite sides of family had colon cancer at age 60.
Drugs	• Tamoxifen – for prevention of breast cancer, been taking for 7 years • Mylanta PRN – for GORD
Allergies	• NKDA
SHx	• BMI 30 • Alcohol (2-3x glasses of wine/night) • Smoker – 20-pack year history • No illicit drugs • No stresses • Does not exercise much • Decent diet

Examiner's questions

1. **Name 3 differentials for Tanya's postmenopausal bleeding?**
    a. **Endometrial cancer (must be one of the three differentials listed)**
    b. Endometrial hyperplasia
    c. Endometrial polyps
    d. Cervical cancer
    e. Cervical polyp
    f. Atrophic vaginitis
    g. Vaginal cancer

2. **Tanya goes off to have a transvaginal US. Her endometrial thickness turns out to be 8mm*. What is your next step in her evaluation?**
    a. Endometrial biopsy
    b. Acceptable alternative – diagnostic hysteroscopy

Please inform candidate that this is an abnormal result if they are unsure. Normal endometrial thickness in post-menopausal women is* *<5mm.***

3. **Tanya's endometrial biopsy is consistent with a thickened endometrium but without signs of atypia. What is your most likely diagnosis?**
    - **a.** Endometrial hyperplasia

4. **What are some risk factors for endometrial hyperplasia that you have identified in Tanya's history?**
    - Nulliparity
    - Prolonged oestrogen exposure (early menarche, late menopause)
    - Tamoxifen
    - Obesity
    - FHx of endometrial and colonic cancer
    - Smoking

5. **What are the main principles of management in this patient?**
    - a. Inform them of the diagnosis
    - **b.** Contact senior consultant for advice
    - **c.** Modify risk factors
        - **i.** Advice weight loss
        - **ii.** SNAP advice – cease smoking, reduce alcohol
    - d. FBE and iron studies (given bleeding)
    - **e.** Consider Mirena (first line treatment for endometrial hyperplasia)
    - **f.** Consider ceasing tamoxifen (will require specialist input)
    - **g.** Regular 6-12 monthly surveillance (outpatient endometrial biopsies)
    - **h.** Surgical options – hysterectomy (however not considered first-line management)
    - **i.** Additional preventive medicine – can consider repeat CST today

Additional learning points

- Risk of endometrial hyperplasia without atypia progressing to endometrial cancer is less than 5% over 20 years. The majority of cases of endometrial hyperplasia will regress spontaneously during follow-up.
- Endometrial ablation is an absolute contraindication in endometrial hyperplasia as it can mask progression of disease
- The cumulative risk of endometrial cancer with Tamoxifen use is 1.6% at five years and 3.1% if used for 5-14 years.
- Low dose topical oestrogen therapy does not appear to increase risk of endometrial hyperplasia

Resources:

- RCOG Green-top Guideline No. 67: Management of Endometrial Hyperplasia.
- RANZCOG Statement: Tamoxifen and the endometrium.
- UpToDate: Management of endometrial hyperplasia

- Radiopedia: Endometrial thickness. https://radiopaedia.org/articles/endometrial-thickness