



Memorable patients in my career

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Competing interests for this presentation

- Nothing to declare

Case 1 - Me

- 19 year old
- Seeing my GP in Cardiff
- Young naïve medical student

Question 1. Why was I there?

1. I had a sore throat
2. I had an STI
3. I wanted the pill
4. I was pregnant
5. I wanted to see what a real doctor looked like

Case 1 - Me

- 19 year old
- Seeing my GP in Cardiff
- Young naïve medical student
- I had rip roaring tonsillitis and wanted penicillin V
- They wanted to give me the Pill as every girl from University Hall came for the Pill

- Never assume you know what the patient wants.....

Case 1 - Me

- Age 21 in long term relationship
- Different GP practice
- I was going to get the Pill
- I was asked:
 - Are I going to marry him?
 - Why do you want to have sex with him, do you love him?
 - Was I aware of all those infections you could catch?
- Be positive during the consultation and not judgemental

Case 2 - 14 year old

- Viewing my first delivery in Cardiff
- 14 year old with her mother
- What were her first words after giving birth?

Question 2. - 14 year old girl

1. Is it a boy or a girl?
2. Is the baby alright?
3. Can I put my jeans on now?
4. When can I go home?

Case 3 - 17 year old primip

- Concealed pregnancy
- No antenatal care
- Came onto the delivery suite fully dilated at about term
- Breech
- My first week as a neonatal SHO
- Watched with growing horror as the scene unfolded

Case 4 - what was that smell?

- I was a VTS registrar in Newport
- 24 year old women
- No need to tell me what the problem was
- Had seen 3 GPs over the last 6 weeks

- Thank goodness we now have plastic transparent speculums

Case 5 - private medicine

- 45 year old
- Private patients wing somewhere in London
- Came in for a 'tidy up'

- No consent, no information, absolute trust

Case 6 - talking to patients, taking things for granted

- 48 year old woman
 - Admitted for a hysterectomy due to heavy periods
 - Never been able to have children
 - 'Tears'
-
- Thank goodness for the Abortion Act 1967

Case 7 - giving bad news

- 48 year old Irish woman
- Seen in gynaecology clinic with a Bartholin's abscess
- Admitted for marsupialisation
- Took a swab from the abscess
- Came back as *Neisseria gonorrhoeae*

- Learnt how to give 'bad news'

Case 8 - learning new skills

- 36 year old woman
- 3 attempts to remove a non-palpable implant in London
- 1999 - so went to support my colleague
- Asked a 'mate' to scan the patients arm
- Eventually removed the implant from the site indicated by the scan

- Put your trust in others

Case 9 - clear documentation is key

- Age 27
- No children
- Tried every known contraceptive known to man
- 4 abortions
- Even the last 'coil' failed.....

- Clear documentation is key

Case 10 - thinking outside the box

- GP colleague age 39 years
- Just had her 'last' baby
- Gets migraine with aura
- Had a Mirena IUS fitted 6 weeks post partum
- Now has light constant spotting for 6 months
- Correctly sited IUS, no STIs, smears up to date
- Long discussion..... And what did I do?

Question 3. What did I do?

1. Sent her for a sterilisation and endometrial ablation
2. Opted to try DMPA instead
3. Fitted a second IUS
4. Added in with an implant
5. Opted for two implants instead

Case 11 - pain when trying to have sex

- 22 year old women
- Never been able to have sex
- Abused as a child, alcoholic mother
- Talked for two sessions
- Decided on 3rd I should examine her

- As she lay down she revealed a large pelvic mass.....

Case 11 - pain when trying to have sex

- Underwent a 'myomectomy'
- Found to have a STUMP tumour?
- Referred 2 years later - same problem
- Now has a big scar but is well
- Examined and.....

- We all missed her thick vaginal septum

- Keep looking.....

Case 12 - fun of the fair

- 59 year old fairground worker came for a smear
- Obese, felt tired, had 5 children (youngest child 29 years old)
- Large pelvic irregular fixed mass
- Urgent referral
- Laparotomy and pelvic mass found - all felt it was malignant
- Pelvic actinomycosis and an 'old' copper 7 IUD found in her uterus

- Completely forgot about the IUD - fitted 20+ years ago
- Life is full of surprises

Case 13 - new to Newcastle

- Polishing up my GUM skills
- Friday afternoon with the luxury of an HCA
- 38 year old woman with recurrent BV
- Seen repeatedly in GUM
- What could be the cause?.....

- If you are curious, ask the question.....

Case 14 - age 49 at her wits end

- Senior HCP age 49
- Plagued with PMS since her teens
- Reputation in hospital as a 'dragon'
- Tried everything
- Mother and Grandmother had similar problems
 - Grandmother had committed suicide

Case 14 - at her wits end

- Admitted to heavy drinking during depressive episodes pre-period
- Discussed options including SSRIs, IUS plus patches, GnRH analogue
- Lost to follow up for 6 months
- Came to clinic in tears
 - started goserelin.....

Case 14 - at her wits end

- She had hit rock bottom
- Tried to commit suicide within a week of the first injection of goserelin
- Within 3 months felt like a new woman
 - Lost 6 stone in weight over a year
- Did not work for 12 months
 - Using goserelin until age 54 with no add-back HRT as she is too scarred of hormones
 - DEXA scan normal
- This is why we do medicine....

Case 15 - last clinical conundrum

- 38 years old virgin came with mother
- BMI 20
- Hysterectomy and both ovaries removed in early 20s - endometriosis
- Recurrent VTE taking warfarin
- Renal transplant patient
- Severe osteoporosis

Case 15 - last clinical conundrum

- Assessed by musculoskeletal consultant
- They wondered about HRT?
- Discussed with haematologist and non-oral oestradiol patches commenced
- All fine for 5 months then.....
- She started to bleed heavily 'down below'
- Converted back to tinzaparin - no real difference

Question 4. - Where was this bleeding coming from?

1. It was haematuria
2. It was rectal bleeding
3. It was vaginal bleeding
4. There was no bleeding

Case 15 - last clinical conundrum

- I gave MPA 10mg three times a day and bleeding stopped
- Printed off 'old notes' from early 2000s
- Histology showed a uterus and both ovaries but no cervix
- Recent MRI was 'difficult to interpret' due to pelvic kidney and surgery
- Underwent EUA and a cervix was found
- Curettage of cervix - no abnormality

Case 15 - last clinical conundrum

- Bleeding returned every time I reduced the dose of MPA.....
 - Why was this happening? said her mother, if she has had both ovaries removed
- We went into a huddle.....
 - Two gynaecologists, two haematologists, musculoskeletal consultant, pathologist , renal physician
- Asked for another MRI by one of our radiology friends
- Not only did she have a cervix but appeared to have a uterus and an ovary....

Question 5. - last clinical conundrum

- What did we do next?
 1. Took the plunge and removed the uterus and ovary
 2. Kept her on the MPA as she was bleed free
 3. Explored her anatomy by hysteroscopy and fitted an IUS
 4. Undertook an ablation

Take home messages

- We are constantly learning
- Guidelines are useful but clinical expertise is invaluable
- Trust your instincts
- Always ask for help and listen to their advice