

OBSTETRICS/GYNECOLOGY CLERKSHIP - Entry #691

Student's full name

Privatus James simon

Class

Cmt6

Ward's Name and Number

Maternity gynaecology

Patient's Registration number

423711

Patient's demographics

Anna hilari 27 yrs female Iraqw from peasant Christian from garoja 6 days post Admissions

Chief complaint

Per vaginal discharge 1/12

History of presenting illness (HPI)

The patient was apparently well until 1 month prior when started experiencing Per vaginally discharge which was foul smelling whitish in colour started gradually increasing as days Goes which was mucoid in nature associated with per vaginally bleeding, which was abnormal, pain during sexual intercourse pain during menstruation nausea vomiting headache and fever also report relived symptoms when she used drug from hospital but have no aggravate factors and have hx of Chronic Utl with no relieving

Review of other systems

On reviews of other systems all systems are normal

Past obstetric history

NOT NECESSARY

Past gynecological history

No.1 first menarch at 15 Age

normal duration of menstrual cycle of 28 days and duration of bleeding is about three days change pads of five times which is full soaked also have abnormal bleeding after contraceptive use also have hx of pain during mensens since 2019

Have hx of contraceptive use which is jadele for six years

Past medical history

1. No hx of Prior admission
2. No hx of Bt
3. Have hx of chronic Uti
4. No hx of surgical procedure done

Family social history

She's married live with her husband in a well ventilated house and have history of Tb infection to his mother

General examination

The patient is Consciousness with normal hair colour texture and distribution no paleness per conjunctiva no jaundice per Scelra have no centrall cyanosis no oral thrush no fingur clubbing capillary refill were normal no entrapment of lymph nodes no lower limb swelling

Systemic examination

Per abdomen inspection

Abdomen is mild distended no surgical scar no traditional mark

During palpations

On superficial palpations there's tenderness on lower left iliac fossa

On Deep palpations no any organ enlargement

On percussion no any positive findings

On ascaltation no any positive finding

Summary

1. 27 yrs old female came with chief complaints od vagina discharge per month associated with bleeding and pain during menses and inter course nausea and vomiting and fever and also have tenderness on left iliac

Provisional diagnosis

Pelvic inflammatory disease due to per Vaginal discharge for one month accompanying with bleeding pain during intercourse and pain during menses

Differential diagnosis

Vaginal candidiasis
Chronic UTI
Trichomoniasis

Investigations

Abdominal Pelvic uss
Vagina swab for culture and sensitivity
Fbp
Coagulation profile

Treatment plan

Iv fluid RI 2 litres within 24 hrs
Iv pcm 1g 8 hours for 3 days
Doxycycline 100 mg bd (Po) for 7 days
Metronidazole 400 mg PO for 6days
Ceftriaxone 1g 12 hourl for7 days

Follow up plan

Follow up to check clinical sign (discharge vomiting and also Abdominal pelvic ultrasound to To monitor to check if there's any pathophysiology

Prognosis

Prognosis of this patient is poor due to chronic Urinary infection progress to Pelvic inflammatory disease

Preventive measures

Avoid of unsafe sexual intercourse
Maintaining of Genital hygiene
Early Treatment of Genital urinary tract infection to avoid complications

Patients summary of management plan based on daily ward rounds.(kindly include investigation results and decisions)

On summary the patient today is doing well due to relieved of symptoms and no pv bleeding that's continuing and she is in drugs

Notes

GENERAL EXAMINATION

1. HISTORY OF PRESENTING ILLNESS

The HPI is not properly formulated, the grammar is poor, the amplification of symptoms is not systematic at all.

Learn how to take history systematically.

2. REVIEW OF OTHER SYSTEMS

Improper way of reporting, use symptomatic approach to review all the systems.

3. GENERAL EXAMINATION

No vital signs

4. SYSTEMIC EXAMINATION

No CVS,CNS,RS examination findings.

Improper way to report findings

5. FOLLOW UP/PROGNOSIS

Not properly formed

6. WORK SERIOUSLY ON UNDERSTANDING THE CLERKSHIP

Added by medischola on May 26, 2026 1:15 pm

[Medischola Tanzania](#)