

REI Case 1

Part A

Ms. K is a 20-year-old virginal patient who presents for her first gynecologic exam. She is concerned about hair growth and difficulty losing weight. She reports little or no menses since menarche and questions if this is a problem.

Regarding hair growth, she notes some hair on her neck, chin, low back, and abdomen that she routinely waxes or “plucks”.

She is unhappy with her weight which is currently 237.5lbs. Weight loss has been a struggle for her entire life and she has weighed over 200lbs since age 14. She is currently seeing a personal trainer and would like a referral to a dietician.

Her last menstrual period was 11 months ago, and she can only remember having 3 periods in the last two years. This does not necessarily bother her, but she knows it is abnormal.

PAST MEDICAL HISTORY	Negative
PAST SURGICAL HISTORY	T&A in 1994.
OB/GYN HISTORY	Gravida 0, menarche at age 13. She has never been sexually active. No history of pelvic infections. She has never had a Pap smear. She has used birth control pills in the past to help with irregular periods, but is not currently taking any
FAMILY HISTORY	No breast cancer. She has a grandmother with ovarian cancer and a grandmother with colon cancer.
SOCIAL HISTORY	Patient is a student, currently in school to become an airline pilot. She has her private pilot's license and instructor's license.
HABITS	Patient eats a varied diet. She exercises at least three days a week. She doesn't smoke. She drinks monthly or less one to two drinks at a time.
ALLERGIES	NO KNOWN DRUG ALLERGIES
CURRENT MEDICATIONS	None.
REVIEW OF SYSTEMS	Pertinent positives in HPI

PHYSICAL EXAMINATION

VITAL SIGNS: Weight: 237.5. BP: 140/84. Pulse: 68. Height: 66 inches

GENERAL	Well-developed, well-nourished Caucasian female in no apparent distress. Obese
NECK	No thyromegaly
PULM	Good respiratory effort, no use of accessory muscles.
CV	Peripheral pulses are 2+, no cyanosis, clubbing or edema
Neuro/Psych	Oriented times three with a bright and reactive affect
SKIN	Hyperpigmentation on back of neck, in groin folds and in axilla. She has a small buffalo hump. She has very mild hirsutism on her lower neck. She has a minimal hair on her upper lip and on her chin has a few hairs. These hairs tend to be blond and coarse in configuration. She has a male pattern of hair on her abdomen above and below the umbilicus.

LYMPH	No cervical, axillary or inguinal lymphadenopathy.
ABDOMEN	Soft, nondistended, nontender, no masses, no hepatosplenomegaly, no hernia.
BREASTS	Examined in the sitting and lying positions. Breasts are symmetric. There are no skin changes, no dimpling, no nipple retraction. No dominant masses, no nipple discharge, no lymphadenopathy
PELVIC	Normal external female genitalia. Normal Bartholin, Skene, urethral meatus and anus. Vagina: rugated, well-estrogenized, virginal in configuration. Cervix visualized with a Pedersen speculum. Pap smear collected. Single-finger bimanual exam reveals bladder and urethra to be nontender. Cervix is nulliparous. Uterus is mobile. Exam limited by body habitus and patient discomfort.



Image retrieved from <http://en.wikipedia.org/wiki/File:Acanthosis-nigricans4.jpg> on August 25, 2011. This file is licensed under the [Creative Commons Attribution-Share Alike 3.0 Unported](https://creativecommons.org/licenses/by-sa/3.0/) license.

Case Questions:

1. What is your differential diagnosis and why? What is concerning to you on physical exam?
2. Is it necessary to order any tests to make a diagnosis? If so, which tests will you order?