

## REI Case 1

### *Part C*

Ms. K. has been doing well over the last year and is reliably having periods with her oral contraceptives. Today, she reports that she found the man of her dreams and they were married in Las Vegas one month ago. She now wants to be pregnant and knows that this is going to be a problem for her since she has irregular periods and was told that she does not ovulate.

INTERVAL MEDICAL HISTORY	Diagnosed with hypertension this year
SOCIAL HISTORY	Recently married
CURRENT MEDICATIONS	Spirolactone 100mg daily (not used without good contraception) Orthocept oral contraceptives one daily Lisinopril 10 mg daily
REVIEW OF SYSTEMS	Completely negative

## PHYSICAL EXAM

VITAL SIGNS: Weight: 260. BP: 140/95. Pulse: 88.

GENERAL	Well-developed, well-nourished Caucasian female in no apparent distress. Morbily obese
NECK	Supple, 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	SKIN: Hyperpigmented skin in groin folds, axilla and posterior neck. No evident hirsutism on face. 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	The patient has normal external female genitalia. Normal Bartholin's, Skene's, urethral meatus, and anus. Vagina is rugated and well estrogenized. Bimanual exam reveals bladder and urethra to be nontender. Uterus is very difficult to feel the size. It feels to be anteverted, cannot feel the adnexa, based on her habitus.

## Case Questions:

1. How will you help this patient become pregnant? Which medications and doses, if any, would you chose and why? Would you change any of her current medications and why? Does she require any testing before ovulation induction?
2. What counseling needs to be done regarding her long term health? What screening tests should you order?
3. How would you counsel this patient on the expected course of her pregnancy? Is she at risk for complications?