

## REI CASE 4

### Part A

Ms. Ritchie is a 28yo G4P0040 who presents desiring pregnancy. She reports no trouble getting pregnant, but has repeatedly experienced spontaneous miscarriage at around 6 weeks for all 4 pregnancies. All pregnancies were with her husband.

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|-----------------------|---|
| PAST MEDICAL HISTORY  | Heart palpitations, History of Depression, History of Bulemia, IBS, History of alcohol abuse  |
| PAST SURGICAL HISTORY | 9/2003: D and C   |
| OB/GYN HISTORY        | Menarche at 12 with regular menses. History of GC/CT/PID/Genital warts. History of sexual abuse. One abnormal pap with "something" done to her cervix and then normal since |
| FAMILY HISTORY        | Negative  |
| SOCIAL HISTORY        | Lives in Kirkland with husband.   |
| HABITS                | Exercises regularly.  |
| ALLERGIES             | NO KNOWN DRUG ALLERGIES   |
| CURRENT MEDICATIONS   | PNV, Vitamin B/C, Probiotics, Daily joint supplement, Ultrazyme .   |
| REVIEW OF SYSTEMS     | Pertinent positives in HPI  |

#### PHYSICAL EXAMINATION

VITAL SIGNS: Weight: 189. BP: 120/70. Height: 66-3/4" tall.

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| GENERAL | Well-developed, well-nourished Caucasian female in no apparent distress.   |
| PELVIC  | Patient has normal external female genitalia. Normal Bartholin's, Skene's, urethral meatus and anus. Vagina is rugated and well-estrogenized. Cervix palpates as nulliparous without lesions. Bimanual exam reveals bladder and urethra to be nontender. Uterus is anteverted, normal size, mobile, nontender. |

## Case Questions, **Part A:**

1. What is your diagnosis and what is the definition of your diagnosis? What is the prognosis for a live born infant?
2. What is your differential diagnosis for the etiology (and the likelihood of each)?
3. What additional history is warranted?
4. What tests do you order?