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<b>Demographic Data</b>			
<b>Name</b>	S.F	<b>Date of admission</b>	12/10/2016
<b>Age</b>	17 years	<b>Date of history</b>	13/10/2016
<b>CPR</b>	99090****	<b>Place of history</b>	SMC
<b>Nationality</b>	Bahraini	<b>Consultant</b>	Dr. Sandu
<b>Religion</b>	Muslim	<b>Ward</b>	409
<b>Occupation</b>	Student	<b>Bed</b>	17
<b>Marital state</b>	Un-married		
<b>Blood group</b>	O+		

- **Chief Complaint:**

- ✓ S.F was admitted to the hospital due to severe lower abdominal pain of 1 day duration.

- **History of Present Illness:**

- ✓ S.F has severe lower abdominal pain. On a scale from 1-10, she graded the pain 10 out of 10. The pain is stabbing, intermittent, lasting for few minutes and it comes when she stands (aggravating factor). S.F took Panadol to relieve her pain but it did not help.
- ✓ The patient experienced the same pain 1 week ago when she was at school. She went to Jid-Hafs Local Health Center where they referred her to Al-Johara emergency. Ultrasound was done and a right ovarian cyst measuring (5 cm) was detected. The doctor booked her for laparoscopic removal of the cyst and advised her to present to the emergency whenever she experiences a similar pain.
- ✓ Yesterday (12/10/2016) she experienced the same pain so she showed up at A/E in SMC (because her doctor in Al-Johara center is traveling). She was admitted to the hospital, another ultrasound was done and they found out that the cyst increased in size to reach about 7 cm but still her pain was diagnosed to be due to her period!



<b>Menstrual History</b>	S.F had her first menstrual period when she was 10 years old. Her period is regular and lasts for 6 days. The amount of bleeding is normal with no clots. She experiences severe abdominal pain with her periods which is managed by Panadol.
<b>Gynecological History</b>	She has normal vaginal secretions between her periods. The discharge has no color, odor or itchiness.
<b>Past Medical History</b>	S.F has a low-activity G6PD which was diagnosed since she was born. She rarely experiences any attacks. The patient has no previous history of admissions or surgical procedures in the hospital. She does not have any other chronic medical problems or genetic diseases. She did not receive any blood transfusions before.
<b>Family History</b>	All of her family (father, mother and siblings: 2 sisters and 1 brother) have low-activity G6PD. In addition, one of her sisters has thalassemia.
<b>Current medications</b>	No current medications.
<b>Immunization</b>	She is fully immunized
<b>Allergies</b>	She has no allergy to food or medications
<b>Psychosocial history</b>	S.F lives in a house with her family. She is a student in Jid-Hafs secondary girls school. No one smokes or consumes alcohol among her family. She has no pets.



<b>Systemic Review</b>	
<b>CVS</b>	No ankle swelling, no SOB, no PND sleeps on 1 pillow, no chest pain and no palpitations.
<b>Respiratory</b>	No cough, no sputum, no hemoptysis and no wheezing
<b>Gastrointestinal</b>	She has severe abdominal pain. She has loss of appetite due to the pain. There is no nausea and vomiting, no heartburn, no hematemesis and no dysphagia.
<b>Genitourinary</b>	There is no difficulty in urinating, no hematuria, no urgency and no incontinence.
<b>CNS</b>	No syncope, no seizures, no difficulties in walking, no visual disturbances and no hearing loss
<b>Musculoskeletal</b>	No joint pain, no back pain, no stiffness or joint swelling.
<b>Endocrine</b>	There is no excessive sweating, no heat or cold intolerance



- **Investigations:**

<b>Investigations</b>	
<b>WBC</b>	5.61 x 10 <sup>9</sup> /L
<b>RBC</b>	5.68 x 10 <sup>12</sup> /L
<b>MCV</b>	66.7 fL
<b>RDW</b>	18.3 fL
<b>Hb</b>	10.4 g/dL
<b>MCHC</b>	27.5 g/dL
<b>Platelets</b>	259 x 10 <sup>9</sup> /L
<b>Neutrophils</b>	62.9 %
<b>Monocytes</b>	5.7 %
<b>Lymphocytes</b>	29.50 %
<b>Eosinophils</b>	1.0 %

• **Pelvic Ultrasound Report:**

- ✓ A well-defined cyst with thin septa is seen in the right adnexa measuring 6.7 x 5 x 4 cm. Minimal vascularity noted in the wall on color Doppler study. However, torsion cannot be totally ruled-out. Uterus and left ovary appear grossly unremarkable. No free fluid in the pelvis.



- **Personal Reflection:**

- Ovarian cysts are fluid-filled sacs or pockets within or on the surface of an ovary. Most ovarian cysts present little or no discomfort and are harmless. The majority of ovarian cysts disappear without treatment within a few months.
- **The signs and symptoms of ovarian cysts, if present, may include:**
  - ✓ Pelvic pain.
  - ✓ Pelvic pain shortly before period begins or just before it ends
  - ✓ Pelvic pain during intercourse (dyspareunia)
  - ✓ Pain during bowel movements or pressure on bowels
  - ✓ Nausea, vomiting or breast tenderness like that experienced during pregnancy
  - ✓ Fullness or heaviness in abdomen
  - ✓ Pressure on bladder that causes patient to urinate more frequently or have difficulty emptying bladder completely
- **Most ovarian cysts develop as a result of the normal function of your menstrual cycle. These are known as functional cysts. Other types of cysts are much less common. There are two types of functional cysts:**
  - ✓ Follicular cyst: around the midpoint of menstrual cycle, an egg bursts out of its follicle and travels down the fallopian tube in search of sperm and fertilization. A follicular cyst begins when something goes wrong and the follicle doesn't rupture or release its egg. Instead it grows and turns into a cyst.
  - ✓ Corpus luteum cyst: when a follicle releases its egg, the ruptured follicle begins producing large quantities of estrogen and progesterone for conception. This follicle is now called the corpus luteum. Sometimes, however, the escape opening of the egg seals off and fluid accumulates inside the follicle, causing the corpus luteum to expand into a cyst.

Functional cysts are usually harmless, rarely cause pain, and often disappear on their own within two or three menstrual cycles



- **Complications associated with ovarian cysts include:**
  - ✓ Ovarian torsion: cysts that become large may cause the ovary to move out of its usual position in the pelvis. This increases the chance of painful twisting of ovary, called ovarian torsion.
  - ✓ Rupture: a cyst that ruptures may cause severe pain and lead to internal bleeding.
- **Surgery**: your doctor may suggest removal of a cyst if it is large, doesn't look like a functional cyst, is growing, or persists through two or three menstrual cycles. Cysts that cause pain or other symptoms may be removed.
  - ✓ Some cysts can be removed without removing the ovary in a procedure known as an ovarian cystectomy. In some circumstances, your doctor may suggest removing the affected ovary and leaving the other intact in a procedure known as oophorectomy.
  - ✓ If a cystic mass is cancerous, however, your doctor will likely advise a total hysterectomy plus removing both ovaries and the fallopian tubes, as well as your uterus. Your doctor is also likely to recommend surgery when a cystic mass develops on the ovaries after menopause.