

## Office Gynecology Tool Kit

Debbie Penava

## The Vulva!

- Discuss the evaluation and management of common dermatologic conditions of the vulva, Bartholin's gland cysts, vulvodynia and trauma.
- ??????

## Approach to the Vulva

- How do you approach a topic or differential diagnosis that you know little about?
- Congenital or Acquired?
  - This doesn't always work well
- Review mnemonics

## Mnemonics

- **VITAMIN D**
  - Vascular
  - Inflammatory/Infectious
  - Trauma
  - Autoimmune
  - Metabolic
  - Idiopathic/Iatrogenic
  - Neoplastic
  - Degenerative

## Vaginitis

- Infectious causes
  - Bacterial vaginosis (40-50%)
    - Malodorous, grey discharge, pH >4.5, clue cells, positive "whiff test" with KOH
  - Candidiasis (20-25%)
    - Pruritic, white thick discharge, pH <4.5, hyphae with KOH
  - Trichomoniasis (15-20%)
    - Malodorous, yellow/green discharge, pH 5.0-6.0, lots of PMNs, trichomonads

## Vaginitis

- Noninfectious causes
  - Foreign body with infection (multi-organism)
  - Desquamative/inflammatory
  - Streptococcal vaginitis (Grp A)
  - Toxic shock syndrome (ulcerative)
  - Idiopathic/ulcerative associated with HIV
  - Chemical/irritant
  - Allergic/contact
  - Traumatic
  - Atrophic/hormonal

### Menopause/HRT

- Describe treatment regimens for HRT in the presence or absence of an intact uterus.
- Discuss the pros and cons of HRT, as well as contraindications.
- Describe the evaluation of post-menopausal bleeding.

### Menopause/HRT

- Minimal estrogen for minimal time for symptoms
- Uteri require progestin/progesterone for protection
  - Continuous combined regimens offer reduced risk of malignancy over no treatment
- PMB requires assessment of the uterine cavity with U/S for thickness and biopsy prn

### Menopause/HRT

- Women who are good candidates for HRT
  - Have significant symptoms requiring rx
  - Have no significant heart disease
  - Do not have abnormal uterine bleeding
  - Have not had breast cancer
  - Have no clotting history
  - May require treatment for their bones

### Contraception

- Discuss forms of contraception, their effectiveness, contraindications and side effects
- Describe your approach with patients presenting for birth control, including counselling post partum and for Plan B

### Contraception Cases

### Casey

- 19 year old single woman
- Local university student
- Generally healthy
- No medications or major health problems
- Not presently involved in a serious relationship
- She is looking for a reliable form of contraception

### Janice

- 25 year old woman working at London Life
- Engaged to her partner of 4 years
- Has had an abortion in the past for an undesired pregnancy
- No major health problems
  - However, she has been hospitalized 2 years ago for depression
- Janice dislikes the OCP
  - She gets breast tenderness and PMS
- Her fiancé refuses to use condoms
- What should she do about contraception?

### Maija

- 36 year old married woman
- She has had 3 children and does not wish to have anymore
- She is looking for permanent contraception
  - She has been on the OCP off and on between her children
- Her medical history is negative for any major problems
  - She is a non-smoker
- She does have very heavy menstrual cycles
  - They occur every 25 days
  - She bleeds for 7 days
  - She often needs to take a day off work
- What is a good plan for contraception for her and her husband?

### Shunaha

- 15 year old female
- High school student
- Cheerleader
- Average student
- No significant drug use
- Has been having sex with her boyfriend for 6 months
- She does not want to risk pregnancy
  - Her best friend recently had an abortion
  - She would like to avoid this
- Her parents are unaware of her sexual activity
- How do we approach counseling Shunaha?