**University of the Philippines - Manila**

**Philippine General Hospital**

**Department of Obstetrics and Gynecology**

**OB-GYN 251: Clinical Clerkship in Obstetrics and Gynecology**

**POLYCYSTIC OVARIAN SYNDROME CASE PROTOCOL**

**LEARNING OBJECTIVES:**

1. To present a complete history and physical examination of a case on polycystic ovarian syndrome

2. To interpret pertinent laboratory and diagnostic examinations

3. To define polycystic ovarian syndrome

4. To discuss the normal menstrual cycle.

5. To determine the risk factors for polycystic ovarian syndrome

6. To discuss the pathophysiology of polycystic ovarian syndrome

7. To discuss the diagnosis of polycystic ovarian syndrome

8. To discuss the management for polycystic ovarian syndrome

9. To discuss important points to advise patients with polycystic ovarian syndrome

**HISTORY**

**General Data**

FE, 27-year-old G0, married, Roman Catholic, unemployed, from Pangasinan.

**Chief Complaint**

Irregular menses

**Past Medical History**

(-) Diabetes mellitus, hypertension, tuberculosis, bronchial asthma, food/drug allergies, cancer, cardiovascular disease, thyroid disorders

**Family medical history**

(-) Diabetes mellitus, hypertension, tuberculosis, bronchial asthma, allergy, cancer, cardiovascular disease, thyroid disorders

**Personal, Social, and Sexual History**

Patient is a college graduate. She is works as a computer programmer.

She is a non-smoker, non-alcoholic beverage drinker, and she denies illicit drug use.

First sexual contact was at 18 years old with 2 male non-promiscuous partners.

Patient has no history of oral contraceptive pill use, intrauterine devices or any contraceptive implants. She has no history of any sexually transmitted diseases.

**Menstrual History**

Her menarche was when she was 12 years old. Her menses had regular intervals of 30-35 days, lasting 3-5 days, soaking 2 pads per day with no associated dysmenorrhea. Her last menstrual period was last June 25, 2020.

**History of Present Illness**

1 year prior to consult, patient noted irregular menses with an interval of 2-3 months, consuming 3-5 fully soaked pads per day. She also noted weight gain of 4kg in the last 3 months. No other associated signs and symptoms. No consult done.

3 months prior to consult, symptoms persisted. Patient noted increase in acne on her face.

**Review of Systems**

(-) generalized weakness, easy fatigability, fever

(-) blurring of vision, headache, dizziness, sore throat

(-) chest pain, palpitations, orthopnea

(-) cough, dyspnea, tachypnea

(-) nausea or vomiting, diarrhea, constipation, early satiety

(-) joint pains, edema

(-) seizure, sensory or motor deficits

(-) polyuria, polydipsia, polyphagia, weight loss

**PHYSICAL EXAM**

|  |  |
| --- | --- |
| **General** | Awake, alert, comfortable, not in cardiorespiratory distress |
| **Anthropometrics** | Current weight: 80kg Height:160cm  |
| **Vitals** | BP 130/80 mmHg HR 75 bpm RR 20 cpm O2 Sat 98% T 36.5 C |
| **HEENT** | Anicteric sclera, pink palpebral conjunctivae, (+) severe facial acne (+) hyperpigmentation of skin at the nape (+) hairy growth at upper lip (-) cervical lymphadenopathy |
| **Chest** | Equal chest expansion, noted hair on chest and clear breath sounds  |
| **CVS** | Adynamic precordium, distinct heart sounds, normal rate, regular rhythm |
| **Abdomen** | Soft, distended, non-tender abdomen, (+) hair on lower back |
| **Extremities** | Full, equal, pulses, pink nail beds, (+) hair on forearms, CRT<2s, (-) cyanosis, edema |
| **Pelvic/Internal Exam** | Normal external genitalia, (-) masses, (-) lesionsnilliparous vagina; cervix is 3 cm smooth; (-) adnexal masses or tenderness |

**GUIDE QUESTIONS**

* + - 1. What are the salient points of the case based on the history and physical examination? What additional information would you like to know?
			2. What is polycystic ovarian syndrome?
			3. What are the risk factors of polycystic ovarian syndrome?
			4. Discuss the normal menstrual cycle.
			5. Describe the pathophysiology behind polycystic ovarian syndrome.
			6. What are the risk factors for polycystic ovarian syndrome?
			7. What diagnostic tests will you order?
			8. How will you manage the patient?
			9. What can you advice this patient?