Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 4 CPD points per issue. Answers to this clinical challenge will be published next month, and are available immediately following successful completion online at: www.racgp.org.au/clinicalchallenge.

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SINGLE COMPLETION ITEMS

DIRECTIONS Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

Case 1 – Donna Watson

Donna, 23 years of age, has been taking the combined oral contraceptive pill (COCP) for many years without problems. Over the past 6 weeks she has had intermittent vaginal bleeding on several days per week despite no missed pills. She also noted pain on intercourse during that time and over the past 2 weeks has had vague lower abdominal pain. She has had one sexual partner over the past 6 months and they do not use condoms. She has not had any recent gynaecological procedures.

Question 1

You consider the possibility of pelvic inflammatory disease (PID). Choose the correct statement regarding examination features in PID:

A. clinical examination is not worth doing because signs for PID have low sensitivity and specificity
B. adnexial tenderness is both highly sensitive and highly specific for endometritis
C. cervical motion tenderness would add weight to the clinical suspicion of PID in Donna's case
D. absence of vaginal discharge excludes PID
E. PID does not cause systemic symptoms.

Question 2

On examination Donna is afebrile. She has a cervical ectropion, a small amount of yellowish cervical mucous, cervical motion tenderness and adnexial tenderness but no abdominal tenderness or guarding. Donna requires:

A. urine sample or cervical swabs for chlamydia and gonorrhoea PCR
B. bacterial cervical culture for gonorrhoea and other organisms and high vaginal swab and wet prep or gram stain
C. a pregnancy test
D. A and B are correct
E. A, B and C are correct.

Question 3

You tell Donna you think she may have PID. You discuss treatment with her. Donna has no allergies. She should:

A. have no treatment until the results of the tests come back so that the appropriate antibiotic can be given
B. be treated with azithromycin 1 g stat, doxycycline 100 mg twice daily for 14 days and metronidazole 400 mg twice daily for 14 days
C. be treated with amoxycillin 500 mg and metronidazole 400 mg three times daily
D. be treated with azithromycin 1 g stat and then await investigation results
E. be treated with ceftriaxone 250 mg IM stat and then await investigation results.

Question 4

Donna comes back for review 4 days later. Her symptoms are improving on the treatment you initiated. Her tests revealed no STIs and her vaginal swab revealed organisms associated with bacterial vaginosis. Choose the correct statement:

A. bacterial vaginosis does not cause PID so Donna requires a pelvic ultrasound to check for endometriosis
B. Donna does not have PID as she does not have a STI
C. this result is surprising as over 90% of cases of PID are caused by STIs
D. you tell Donna to stop all antibiotics as no pathogens were isolated
E. Donna should complete a 14 day course of doxycycline 100 mg twice daily and metronidazole 400 mg three times daily.

Case 2 – Sarah McMillan

Sarah, 31 years of age, has a past history of appendicectomy at age 13 years and PID at age 22 years. She has irregular cycles of 28–42 days and uses condoms for contraception. She presents with a 2 day history of left lower abdominal pain. Her last menstrual period started 37 days ago. She has no vaginal bleeding or discharge and no cervical or adnexial tenderness.

Question 5

Of the following tests, the first investigation that should be done is:

A. abdominal ultrasound
B. transvaginal ultrasound
C. a qualitative urine BHCG
D. a quantitative serum BHCG
E. full blood examination and C reactive protein.

Question 6

You confirm that Sarah is pregnant. She is haemodynamically stable. Sarah now needs:

A. an urgent laparoscopy
B. an abdominal ultrasound to check to see if there is a gestational sac in the uterus
C. a laparoscopy if the abdominal ultrasound reveals an empty uterus
D. a transvaginal ultrasound to locate an intrauterine pregnancy or an adnexial mass
E. routine antenatal care if she wishes to continue with the pregnancy.

Question 7

Sarah asks what will happen if she is diagnosed with an ectopic pregnancy. You tell her:

A. all ectopic pregnancies require surgical intervention with laparotomy
B. laparoscopic surgery may involve either salpingectomy or salpingotomy
C. all early ectopic pregnancies can be managed with systemic methotrexate
D. medically managed ectopic pregnancies have a subsequent ectopic pregnancy rate of over 50%
E. after treatment her best contraceptive option would be an intrauterine contraceptive device (IUCD).

Question 8

Sarah asks you about risk factors for ectopic pregnancy. You tell her:

A. women with previous PID are at vastly elevated risk of ectopic pregnancy
B. previous ectopic pregnancy does not necessarily increase subsequent risk
C. IUCD use is associated with increased risk that continues even after discontinuation of IUCD
D. COCP use is associate with a small increased risk

E. if she is treated with methotrexate, the likelihood of a subsequent ectopic pregnancy is approximately 30%.

Case 3 – Casey O'Brien

Casey, 15 years of age, is brought in by her mother, Amanda, to discuss problems Casey is having with period pain.

Question 9

Which of the following strategies is likely to be the most helpful:

A. establishing with Amanda that it is your usual practice to spend some of the consultation with the young person without the parent present
B. only asking Amanda to leave if it becomes obvious there are questions Casey does not want to answer in front of her mother
C. asking Amanda to remain in the consulting room throughout the interview and examination to reduce Casey's anxiety
D. asking Casey to leave the room so that you can discuss her problem with her mother in private
E. telling Casey and Amanda that period pain is normal and Casey needs to just get used to it.

Question 10

Choose the correct statement about confidentiality and consent in teenagers:

A. discussing confidentiality is not necessary as teenagers are familiar with the concept of doctor-patient confidentiality
B. teenagers are more likely to be open and disclose information if you outline the principles of confidentiality
C. you tell Casey that doctor-patient confidentiality is absolute and will not be broken under any circumstances
D. as Casey is under 16 years of age her mother must give permission for any examination, investigation or treatment Casey requires
E. an examination or investigation can be performed on Casey if medically appropriate and her mother agrees even if Casey is reluctant.

Question 11

Casey tells you she develops pain the day before her period starts and it lasts for 2 or 3 days. She feels tired and a bit nauseated during this time and also has headaches. Amanda tells you she has endometriosis and is worried that Casey may have the same problem. Appropriate further assessment at this stage involves:

A. ascertaining the effect of Casey's symptoms on her sporting and social activities and study
B. establishing rapport and undertaking a psychosocial history using a HEADSS framework
C. seeing Casey on her own to assess her need for contraception and sexually transmitted infection risk
D. all of the above
E. all of the above plus pelvic examination and transvaginal ultrasound to exclude pelvic pathology.

Question 12

Casey has not yet commenced sexual intercourse. Her main concern is that she sometimes misses netball games or school because of period pain and headaches. Appropriate initial management

A. is to reassure Casey that her pain is normal and requires no treatment
B. is to reassure Casey that there are many effective management options to address her symptoms
C. is to advise Casey that her symptoms may be from endometriosis and that she is likely to have long term difficulties with pain and infertility
D. is to investigate Casey fully for secondary dysmenorrhoea before embarking on treatments such as NSAIDs, tranexamic acid or the OCP
E. with an OCP is contraindicated as it would encourage Casey to commence sexual experimentation.

Case 4 – Simone Di Peitro

Simone, 29 years of age, has had painful periods since a year or two after menarche at age 14 years. Her symptoms were quite well controlled as a teenager with NSAID medication and the COCP, but in the past few years her pain has worsened and she now experiences pain on intercourse and has pain on defaecation perimenstrually.

Question 13

You suspect that Simone may have endometriosis. Which of the following examination findings would be consistent with that diagnosis:

A. no abnormality on abdominal and pelvic examination
B. uterine or adnexial tenderness
C. pouch of Douglas or uterosacral ligament nodularity or tenderness
D. a tender fixed adnexial mass or fixed retroverted uterus
E. any of the above.

Question 14

You consider what investigations to arrange for Simone. Choose the correct statement:

A. a normal transvaginal scan would exclude the diagnosis of endometriosis
B. peritoneal implants and adhesions are readily detected on ultrasound
C. ovarian endometriomas are detectable on ultrasound and have a 'ground glass' appearance
D. haemorrhagic corpus luteum cysts have a completely different appearance to ovarian endometriomas
E. transvaginal ultrasound is not indicated as it will not detect endometriosis.

Question 15

Simone has a laparoscopy. Choose the correct statement:

A. laparoscopy is used to diagnose endometriosis by visual recognition alone
B. laparoscopy is used to diagnose endometriosis by visual recognition and histological confirmation
C. peritoneal implants should not be excised at laparoscopy as these are better treated by medical means
D. endometriomas are better treated by drainage and ablation than excision because of the risk of loss of ovarian tissue
E. surgical treatment of endometriosis is only used when medical treatment has failed.

Question 16

You discuss various hormone treatments for endometriosis with Simone. Choose the correct statement:

A. progesterones including the Mirena IUD are the most effective treatment and have the lowest side effect profile
B. danazol produces high androgen and low oestrogen effects to inhibit endometrial growth
C. danazole can be used indefinitely but may produce deepened voice, hirsutism and acne
D. gestrinone has androgenic, oestrogenic and progestogenic effects and has a much higher side effect profile than danazole
E. GnRH analogues can be used indefinitely but induce a pseudomenopause.

ANSWERS TO OCTOBER CLINICAL CHALLENGE

Case 1 – Jocelyn Jones

1. Answer C
There is no strong evidence to favour one NSAID over another. Choice really depends on the expected side effects.

2. Answer E
Bisphosphonates are not currently subsidised as treatments for cancer pain per se. Patients who meet the criteria for osteoporosis treatment, however, might get some benefit from this group of drugs for relief from the pain of bone metastases.

3. Answer A
Morphine is relatively inexpensive, easy to obtain, usually well tolerated and effective.

4. Answer D
The equianalgesic ratio allows clinicians to compare different forms or types of analgesia to determine their efficacy.

Case 2 – Jocelyn Jones continued

5. Answer C
Dyspnoea occurs in 50–70% of palliative care patients and is due to complex physiological and psychological causes.

6. Answer D
Metoclopramide, haloperidol and cyclizine are the mainstays of nausea treatment in palliative care.

7. Answer B
Treating constipation in palliative patients is not much different to any other patient. Aetiology is often multifactorial and laxatives need to be used early, in adequate doses and in combination.

8. Answer A
Antidepressants can have different effects on individuals, however mirtazapine is recognised as causing night time sedation in most.

Case 3 – Jocelyn Jones – her family

9. Answer D
At this stage in Jocelyn's illness it is appropriate to give her husband as much information as he needs to understand what is happening to his wife and why it is happening.

10. Answer E
A gentle and nonjudgmental discussion about spirituality is not contraindicated. Peter will follow his own path in grieving and although he is likely to pass through some expected stages, he cannot be neatly circumscribed.

11. Answer A
Grief is considered to be complicated when the person does not integrate the death. Persistent and disturbing disbelief, intense yearning, and preoccupying thoughts can severely impact on functional ability.

12. Answer E
The easiest question in the history of clinical challenge. Hopefully, the point is clear.

Case 4 – population grief

13. Answer C
Jamie deserves appropriate explanations about his condition, and the right to state any preferences he might have. His parents also have a right to be closely involved with his care and to have him die at home if they wish.

14. Answer E
A decision about the level of treatment for Cyril needs to be made. If he has made a legally binding advanced directive, that should clarify the situation. Otherwise, he might need a guardian to be appointed. He still should be consulted on his views and preferences as far as possible, despite his dementia.

15. Answer A
There are profound cultural differences between the beliefs of Indigenous and non-Indigenous Australians relating to death and dying, as there are between different indigenous communities. Many indigenous persons however, are likely to wish to return to their home country and to have their care based away from hospital.

16. Answer B
Many of the basic communication skills taught to GPs are not always suitable when communicating with Aboriginal people. Active listening, empathetic eye contact, and supportive touching may be completely inappropriate. Gentle questioning about what cultural needs the person has is more likely to be successful.

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