

Identifying Data

Date: 02 / 11 / 2022
Time: 2:00 PM
Location: Woodhull Women's Clinic
Patient Name: D. S.
Sex: F
DOB: 12 / 26 / 1997
Informant: Self
Reliability: Reliable

Chief Complaint

"Vaginal discharge x 1 week"

HPI

D.S. is a 24 y.o. G1P0010 female presents to the clinic for her annual GYN exam and complains of vaginal discharge x 1 week. LMP 1/25/2022. She describes the discharge is thick, white, and copious but no odor. She admits to dysuria, vaginal itching, and dyspareunia. She denies vaginal bleeding, abdominal pain, pelvic pain, urinary frequency / urgency. Denies fever, nausea, vomiting. D.S. states she has never experienced this in the past.

GYN History

Menarche: 12 years old
Menses: Regular
Last Pap: 10/30/2019 – NILM
Last GC/CT: 2019 – Negative
Last HIV: 2019 – Negative
Breasts: Denies screening, history of breast abnormalities
STIs: Denies history of STIs
Condom Use: Denies
Contraception: Denies
Currently sexually active, one male partner

OB History

Gravida: 1
Parity: 0
AB: ETOP x 1

Past Medical History

Present Illnesses: Denies

Past Illnesses: Denies

Immunizations: Up to date

Screening Tests: Denies

Hospitalizations: Denies

Medications: Denies

Allergies: Acetaminophen - hives

Past Surgical History

Surgeries: Dilation and Curettage for ETOP 2019
Abdominal Liposuction 2021

Transfusions: N/A

Family History

Mother: Living at 48 years old and healthy. Denies history of gynecological cancers.

Father: Living at 52 years old and healthy. Denies history of gynecological cancers.

Siblings: None

Social History

D.S. is a 24 yo old female, who is married and living in Brooklyn with her husband and grandmother. Her current occupation is a bank teller.

Habits: Admits to social smoking / tobacco use. Denies past and present alcohol use, marijuana use, and illicit drug use.

Diet: She claims to have a carb heavy diet consisting of rice, beans, vegetables, and red meat. Tries to minimize salt and sugar intake.

Exercise: She is physically active, getting exercise by waking to work everyday. Sleeps well about 7 hours each night.

Sexual Hx: Heterosexual, monogamous. No new partners in the last 12 months.

Review of Systems

Constitutional **Negative** for activity change, recent weight gain, loss of appetite, generalized weakness/fatigue, fever, chills, or night sweats.

Skin / hair / nails **Negative** for changes in texture, excessive dryness or sweating, discolorations, pigmentations, redness, open wounds, moles/rashes, pruritus, or changes in hair distribution.

Head **Negative** for swelling, headaches, vertigo, light-headedness, or recent head trauma.

Eyes **Negative** for blurring, diplopia, scotoma, eye fatigue, scotoma, halos, lacrimation, photophobia, pruritus, redness, or discharge.

Ears **Negative** for deafness, pain, discharge, tinnitus, hearing aid use.

Nose / Sinuses	Negative for congestion, rhinorrhea, discharge, epistaxis, nasal obstruction, trauma, pruritis or difficulty breathing.
Mouth / Throat	Negative for bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, swelling, pain, dryness, or use of dentures.
Neck	Negative for neck pain, stiffness, decreased range of motion, trauma, localized swelling, or lumps.
Breast	Negative for lumps, nipple discharge, pain, swelling in breast and armpit area.
Lungs	Negative for SOB / DOE, coughing, wheezing, hemoptysis, cyanosis, orthopnea or PND.
Heart	Negative for chest pain, palpitations, HTN, edema irregular heartbeat, syncope, or known murmurs / arrhythmias.
Gastrointestinal	Negative for vomiting, nausea, pyrosis, dysphagia, unusual flatulence, eructations, abdominal pain, irregular bowel movements, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding or blood in stool.
Genitourinary	See HPI. Negative for nocturia, urgency, frequency, polyuria, oliguria, dysuria, change in urine color, incontinence, hematuria, pyuria, dark brown urine, or flank pain.
Nervous	Negative for seizures, headaches, loss of consciousness, numbness, paresthesias, dysesthesias, hyperesthesia, ataxia, loss of strength, change cognition / mental status, weakness, or tremors.
Musculoskeletal	Negative for muscle/joint pain, deformity, redness, arthritis, extremity swelling.
Peripheral Vascular	Negative for peripheral edema intermittent claudication, coldness or trophic changes, varicose veins, or color changes.
Hematologic	Negative for anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.
Endocrine	Negative for polydipsia, polyuria, excessive sweating, polyphagia, heat or cold intolerance, goiters, or hirsutism.
Psychiatric	Negative for depression, anxiety, OCD, memory loss, mental disturbance, suicidal ideations, hallucinations, paranoid, psychiatric medication use.

Physical Exam

Vitals	BP: 104/64 RA, Supine RR: 19 breaths / min, unlabored Pulse: 80 beats / min O2 Sat: 98% Room air Temp: 98.8, oral Height: 2.655 m Weight: 63.1 kg BMI: 23.76 kg/m ²
General	Neatly groomed, well- nourished, overall well appearing, appears stated age of 24. A&O x3, cooperative, appears comfortable, not in acute distress.
Skin	Warm, moist, smooth, even texture, good turgor, appropriate for newborn. Bilateral skin temperature consistently warm on all extremities. No masses, lesions, deformities, scars, tattoos. No cyanosis, nonicteric. No discoloration, rashes, moles, pigmentations, bruises, macules, papules.
Nails	Capillary refill <2 seconds throughout upper and lower extremities. Appropriate shape, color for nails and nail beds. No lesions, clubbing, infection.
Lungs	Pulmonary effort is normal for newborn. Clear to auscultation and percussion bilaterally, anteriorly and posteriorly. No respiratory distress. Chest expansion on respiration and diaphragmatic excursion symmetrical and appropriate. No wheezes, rhonchi, crackles, adventitious / diminished breath sounds. No signs of consolidation. Resonant throughout percussion.
Heart	Regular rate and rhythm. Auscultation revealed normal heart sounds - S1 and S2 are normal and distinct with no murmurs, friction rubs, or gallops heard. No JVD noted. PMI palpable in 5 th intercostal space at midclavicular line. No abnormal pulsations noted. No heaves or thrills or lifts on palpation.
Abdomen	No RLQ, LLQ, or suprapubic tenderness to palpation. Abdomen symmetric with no scars, bruises, varicosities, striae, lesions, masses, deformities, jaundice, ecchymosis, hernias, visible pulsations/peristalsis noted. No distention. Non-tender to palpation and tympanic throughout. Bowel sounds normoactive in all 4 quadrants with no aortic / renal / femoral bruits. No venous hums / friction rubs. No guarding or rebounding noted. No presence of ascites from negative fluid wave. No hepatosplenomegaly to palpation. No CVA tenderness appreciated.
Breast Exam	Symmetric size, shape, and smoothness bilaterally. Appropriate color. No dimpling or retraction. No erythema, lesions, or discharge. No nodules, masses, tenderness, or axillary adenopathy to palpation.
Pelvic Exam	
Vulva	Normal appearing external female genitalia. No erythema or lesions noted. Non-tender.

Vagina	Vaginal mucosa pink without inflammation. Thick white vaginal discharge coating walls of vault noted. No vaginal bleeding.
Cervix	Closed os, no CMT noted. No discharge or blood extruding from os. Cervix non-friable and without lesions.
Uterus	Mobile, non-tender. Anterior, midline, smooth and not enlarged.
Adnexa	No masses palpated. No adnexal tenderness noted.

Assessment

D.S. is a 24 year-old G1P0010 female with no significant PMHx who presents to the clinic for her annual GYN exam and complaints of vaginal discharge for 1 week. HPI and pelvic exam are consistent with vulvovaginal candidiasis.

Differential Diagnosis (most to least likely)

1. Vulvovaginal candidiasis
 - Positive for thick white discharge adhering to vaginal walls.
 - Positive for dysuria, vaginal pruritis, dyspareunia.
2. Bacterial vaginosis
 - Positive for vaginal discharge, itching, and dysuria.
 - Unlikely because no vaginal odor noted.
 - Vaginal discharge inconsistent with BV.
3. Trichomoniasis
 - Positive for vaginal discharge, itching, and dysuria
 - Unlikely because no vaginal odor noted, vaginal discharge inconsistent with Trichomoniasis, and cervix appears without lesions.
4. Atrophic vaginitis
 - Positive for vaginal discharge and itching.
 - Unlikely because negative for vaginal dryness, thinning, and inflammation of vaginal walls. Age inconsistent with vaginal atrophy.
5. Atopic dermatitis
 - Positive for vaginal itching.
 - Unlikely because no signs of red patches or inflammation noted on pelvic exam. Also denies discomfort with feminine irritant products.

Plan

1. Vulvovaginal candidiasis
 - a. Diflucan 150 mg PO tablet
 - b. Clotrimazole 1% topical for complaint of vaginal itchiness
 - c. Vaginitis panel ordered
2. Annual GYN exam
 - a. Pap smear obtained
 - b. GC/CT obtained
 - c. HIV obtained
 - d. Syphilis obtained
 - e. Herpes obtained
3. Pt advised to RTC if symptoms persist, worsen, or have any new complaints.
4. RTC 1 year for annual GYN exam
 - a. If **no** acute gynecological complaints or labs are negative.