

GYNECOLOGICAL INFECTIONS AND ABNORMALITIES

SFC WARD

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Dysmenorrhea

- Most common cause of pelvic pain in females.
- Definition - **menstrual pain**
- Etiology -
 - Obstruction and anatomical cervical stenosis, fibroids, anteflexion of uterus, PID
 - Endocrine - excessive production of prostaglandins which intensify uterine contractions.

Dysmenorrhea

- Management.
- NSAIDS (nonsteroidal anti inflammatory drugs).
- Oral contraceptive.
- Adequate rest and sleep and regular exercise may be beneficial.
- Heating--baths, soaks, showers and heating pad.
- Muscle relaxants--PRN for cramping.



Premenstrual syndrome (PMS) premenstrual tension

- Definition--is a distinct clinical entity characterized by a cluster of physical and psychological symptoms that are limited to a week or 10 days, preceding menstruation and are relieved by onset of the menses.



Premenstrual syndrome (PMS) premenstrual tension

- Known precipitating factors include an increase in antidiuretic hormone and aldosterone secretion, as well as estrogen-progesterone imbalance.



Premenstrual syndrome (PMS) premenstrual tension

- PMS increases with age and body weight.
- Uncommon in women in their teens and twenties.



Premenstrual syndrome (PMS) premenstrual tension

- Symptoms.
- Physical.

Painful and swollen breast.

Bloating.

Abdominal pain.

Headache and back pain.



Premenstrual syndrome (PMS) premenstrual tension

- Psychologically.

Depression.

Anxiety.

Irritability.

Behavioral changes.

Premenstrual syndrome (PMS) premenstrual tension

- Treatment.
- Past treatment has been symptomatic.
- Diuretics to reduce fluid retention.
- Tranquilizer drugs for mood changes.
Diazepam 2 5 mg TID orally.
- Analgesics for pain, mild pain ASA 600 mg orally Q 4 6 hrs PRN.
- Program of regular sleep and exercise.



Premenstrual syndrome (PMS) premenstrual tension

- Treatment.
- Decrease salt intake to relieve bloating and edema.
- Drug therapy should be avoided, when possible.



Pelvic Inflammatory Disease

- Definition--Pelvic Inflammatory Disease (PID) is any acute, subacute, recurrent, or chronic infection of the oviducts, and ovaries, with adjacent involvement.



Pelvic Inflammatory Disease

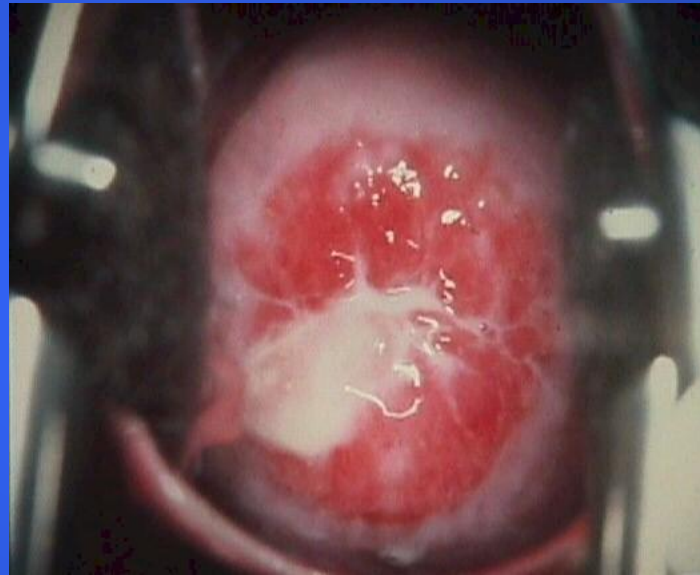
- Sites - it includes inflammation of the cervix (cervicitis) uterus (endometritis) fallopian tubes (salpingitis) and ovaries (oophoritis) which can extend to the connective tissue lying between the broad ligaments (parametritis).



Pelvic Inflammatory Disease

- Cervicitis.

Definition--inflammation of the cervix.



Pelvic Inflammatory Disease

- Causative organisms - gonococcus, streptococcus, staphylococcus, aerobic and anaerobic organisms, herpes virus, and chlamydia.



Pelvic Inflammatory Disease

- Forms of cervicitis--
- Acute and Chronic.



Pelvic Inflammatory Disease

- Acute cervicitis.
- Symptoms.
- Purulent, foul smelling vaginal discharge.
- Itching and/or burning sensation.
- Red, edematous cervix.
- Pelvic discomfort.
- Sexual dysfunction > infertility.



Pelvic Inflammatory Disease

- Acute cervicitis.
- Assessment.
- Physical examination.
- Cultures for N. gonorrhea are positive greater than 90% of the time.
- Cytologic smears.
- Cervical palpation reveals tenderness.
- Management - based on culture results.

Pelvic Inflammatory Disease

- Chronic cervicitis.
- Symptoms.
- Cervical dystocia--difficult labor.
- Lacerations or eversion of the cervix.
- Ulceration vesicular lesions (when cervicitis results from Herpes simplex)



Pelvic Inflammatory Disease

- Assessment.
- Physical examination.
- Chronic cervicitis, causative organisms are usually staphylococcus or streptococcus.



Pelvic Inflammatory Disease

- Management - manage by cauterization, cryotherapy, conization (excision of a cone of tissue).



Pelvic Inflammatory Disease

- Endometritis.
- Definition - inflammation of the endometrium.
- Etiology - produced by bacterial infection most commonly staphylococci, colon bacilli, or gonococci, trauma, septic abortion



Pelvic Inflammatory Disease

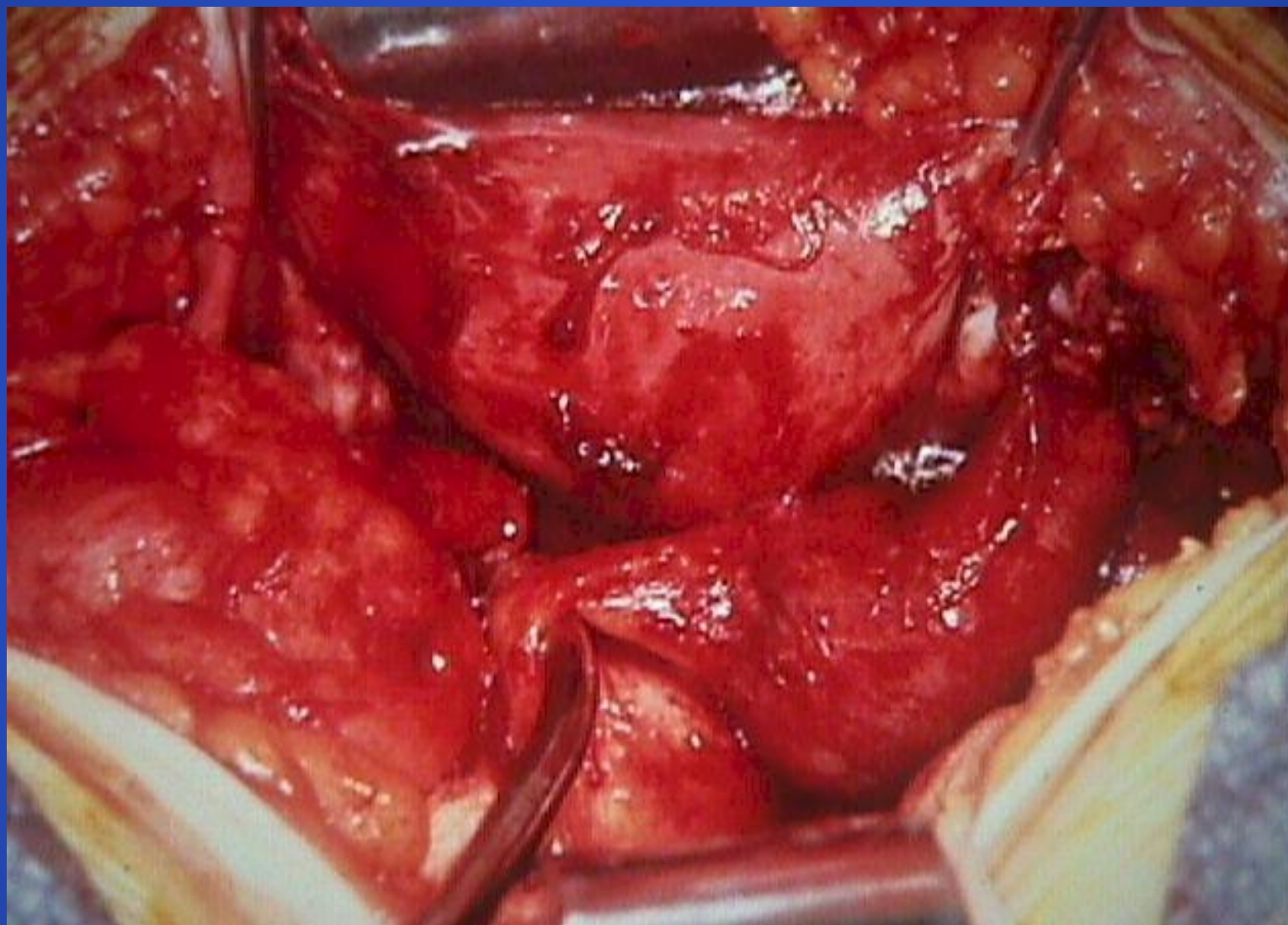
- Endometritis.
- Etiology - produced by bacterial infection most commonly staphylococci, colon bacilli, or gonococci, trauma, septic abortion.
- Sites - uterine ligaments, (uterosacral, broad, round) and ovaries, (extra uterine locations).



NOTE

- Endometriosis - ectopic endometrium located in various sites throughout the pelvis or on the abdominal wall.





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Pelvic Inflammatory Disease

- Endometriosis
- Symptoms.
- Low back and low abdominal pain.
- Dysmenorrhea.
- Menorrhagia.
- Pain on defecation, constipation.
- Sterility.

Pelvic Inflammatory Disease

- Endometriosis
- Assessment.
- Physical examination.
- Vaginal cultures.
- Management - based upon culture results.



Pelvic Inflammatory Disease

- Salpingitis and Oophoritis.
- Definition - infection of the fallopian tubes and ovaries.
- History - usually recent sexual intercourse, insertion of an IUD, or a recent childbirth or abortion, gonococcus, chlamydia, streptococcus, and anaerobes have been implicated as causative organisms



Pelvic Inflammatory Disease

- Salpingitis and Oophoritis.
- Signs and symptoms.
- Lower abdominal pain sometimes with signs and symptoms of acute abdomen can be unilateral or bilateral.
- Fever.
- Severe pain with palpation of the cervix, uterus, and adnexa (Chandelier sign).



Pelvic Inflammatory Disease

- Salpingitis and Oophoritis.
- Signs and symptoms (cont.)
- Purulent cervical discharge.
- Leukocytosis.



Pelvic Inflammatory Disease

- Salpingitis and Oophoritis.
- Assessment.
- Physical examination.
- Gonorrhea culture.
- Test for chlamydia.



Pelvic Inflammatory Disease

- Salpingitis and Oophoritis
- Complications.
- Tubal abscess.
- Infertility--common.



Pelvic Inflammatory Disease

- Salpingitis and Oophoritis
- Management.
- IV fluids to correct dehydration.
- NG suction in the presence of abdominal distention or ileus.
- Manage the associated symptoms.
- Bedrest and restrict oral feedings.

OTHER GYN ASSOCIATED ABNORMALITIES.

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Ovarian Cyst



Ovarian Cyst

- Ovarian cysts are usually nonneoplastic sacs on an ovary that contain fluid or semisolid material.
- Ovarian cysts are frequently asymptomatic, but the pressure of an abnormal mass may cause discomfort, aching, or heaviness to the pelvic region and on abdominal organs.



Ovarian Cyst

- Sudden or sharp pain may indicate rupture, hemorrhage, or torsion of cyst.
- Fever, leukocytosis or s/s of shock may be present.



OTHER GYN ASSOCIATED ABNORMALITIES

Leukorrhea -
white/yellowish mucoid
discharge from cervical
canal or vagina.



Leukorrhea

- Probably most frequently encountered gynecological symptom.
- Generally associated with simple infection of the cervix and vagina.

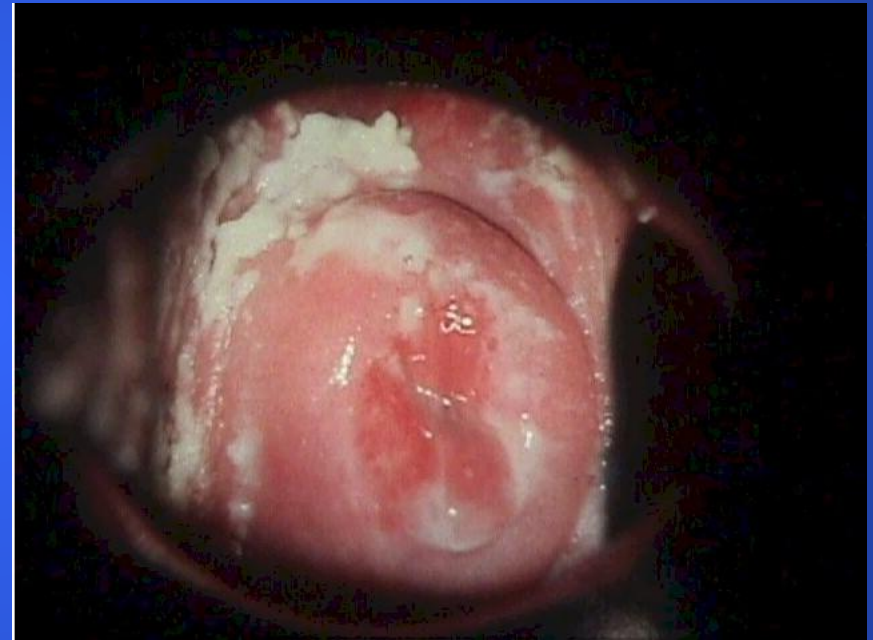
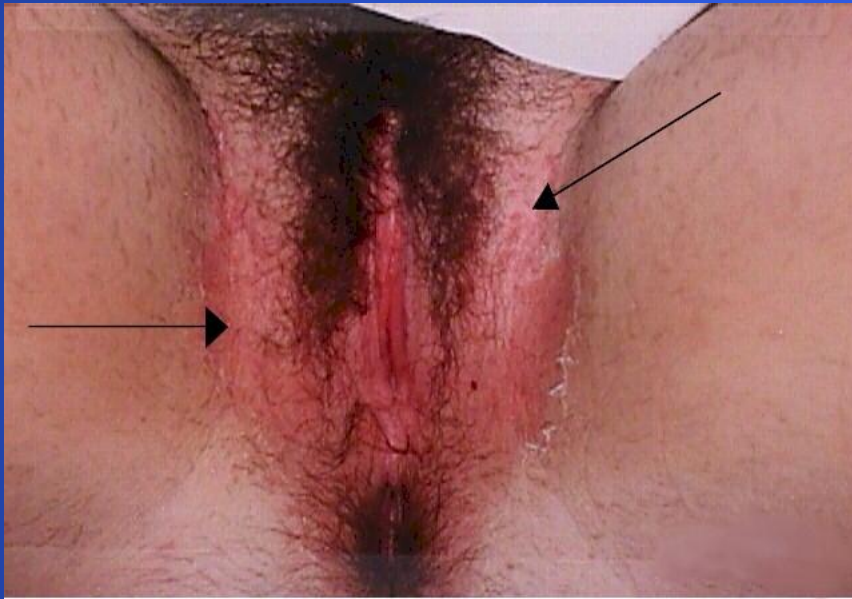


OTHER GYN ASSOCIATED ABNORMALITIES

VAGINITIS - Inflammation of the vagina

- Candidiasis
- Trichomonas
- Gardnerella
- Bartholin's abscess

Monoliasis or Candidiasis



Monoliasis or Candidiasis

- Signs and symptoms.
- Marked leukorrhea, marked redness of vulva, extreme pruritus.
- White, creamy, cheesy, sweet smelling discharge, thrush patches.
- Commonly seen in pregnancy, diabetics, women on BCP or antibiotics (ampicillin).

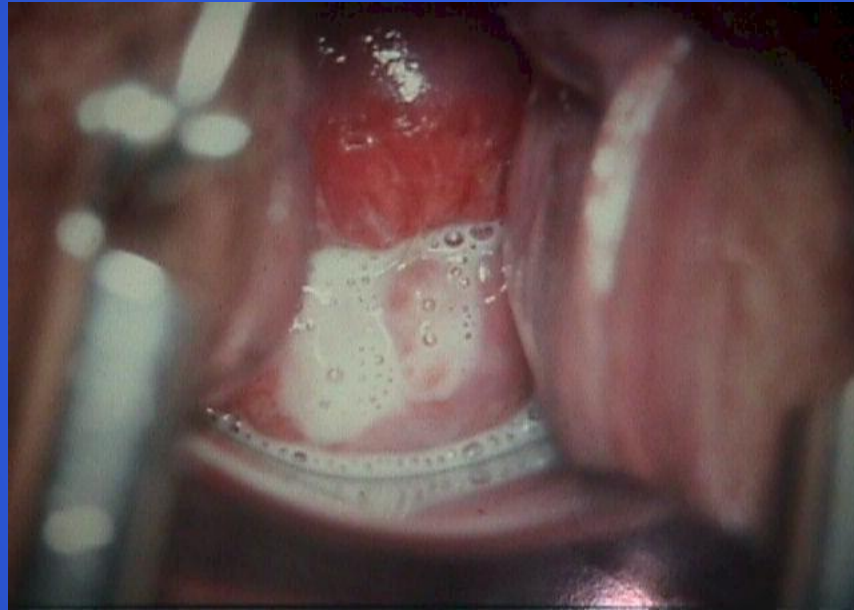


Monoliasis or Candidiasis

- Assessment - lab KOH wet mount NS KOH 10% 20% look for (branching Hyphae or Mycelium fungus nails).
- Management - Nystatin--intravaginal adult tabs 0.1 to 0.2 million units daily times 7 to 10 days.



Trichomonas Vaginitis



Trichomonas Vaginitis

- Signs and symptoms.
- Leukorrhea, vaginal soreness, burning, pruritus, dyspareunia (pain during intercourse).
- Bubbly, yellowish thick discharge, foul smelling.
- Strawberry appearance of cervix.



Trichomonas Vaginitis

- Assessment - lab wet prep, microscopic exam reveals pear shaped parasite with long flagella and undulated (wavy outline in appearance) cell membrane.
- Management.
- Metronidazole (Flagyl) anti protozoal 250 mg TID to 500 mg BID orally for 5 days.
- Patient education of feminine hygiene, douching.
- Management based on culture results.



Bacterial Vaginitis (Gardnerella vaginitis)

- Signs and symptoms.
- Leukorrhea, pruritus, dyspareunia.
- Turbid, chalky, white/gray or yellowish discharge; malodorous ("fishy").



Bacterial Vaginitis (Gardnerella vaginitis)

- Assessment.
- Gram-positive nonmotile coccobacillus that normally inhabits the vagina.
- Wet smears of this nonspecific vaginitis yields vaginal desquamated epithelial cells covered with many bacteria.



Bacterial Vaginitis (Gardnerella vaginitis)

- Management.
- Metronidazole (Flagyl) 250 mg TID to 500 mg BID orally for 7 10 days.
- Ampicillin 500 mg QID x 7 days.
- Douching with povidone iodine solution.
- About 25% of the patients have recurrence and require treatment in 2 3 months.
- Management based on culture results.



Perineal pain - Bartholin's abscess

- Definition and etiology - acute or chronic infection of the Bartholin's gland (streptococci, staphylococci, E. coli, anaerobes; may result in infection).
- History - recent intercourse, venereal disease, trauma, spontaneous abortion, wiping from rectum to vagina.



Perineal pain - Bartholin's abscess

- Signs and symptoms.
- Mass in perineum that is hot, tender, and fluctuant.
- Pus draining from Bartholin's duct.





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Perineal pain - Bartholin's abscess

- Management.
- I & D.
- Sitz bath.
- Broad-spectrum antibiotics which cover gram-positive organisms and some common vaginal gram-negative organisms.



BREAST ABNORMALITIES.



Acute Mastitis

- Definition - bacterial infection of breast.
- Time - confined generally to the first 2 months of lactation.
- Organism - usually staphylococcus, sometimes streptococcus.
- RULE - signs and symptoms of mastitis in female; rule out cancer



Acute Mastitis

- Signs and symptoms.
- Pain in the breast.
- Withdraw from palpation.
- Erythema.
- Induration.
- Hot.

Acute Mastitis

- Management.
- Prevention by good hygiene.
- Preabscess--antibiotics.
- Abscess I & D.

Chronic Cystic Mastitis

- Benign pathology - fibrocystic syndrome.
- Age - begins in twenties and increases with age.
- Signs and symptoms.
- Single or multiple cysts.
- Pain/tenderness.
- Nodular, well defined cysts.
- Smooth, firm, mobile cysts.



Chronic Cystic Mastitis

- Significance - increased incidence of breast cancer 3-5 times.
- Management.
- Rule out cancer.
- Avoid caffeine and tobacco products, may need referral to rule out cancer; follow-up patient education.
- NOTE: In a field environment have patient return for follow up.

Malignant Breast Lesions

- Primary Malignancy
- Origin--primarily the ducts.
- Incidence.
- Major cancer killer of females.
- 1 out of 11 females.
- 130,900 new cases/year.
- Mortality--41,300 deaths in 1987.



Malignant Breast Lesions

- Risk factors.
- Age, over 40.
- Sex F:M = 100:1.
- Family history of breast cancer.
- Personal history.
- Early menarche.
- Pregnancy or first child after 30 higher risk.



Malignant Breast Lesions

- Signs and symptoms
- Persistent lump or thickening, hard irregular mass.
- Fixation--tumor invades surrounding tissue.
- Dimpling--shortening of Cooper's ligament.
- Nipple retraction, scaliness or discharge.



Malignant Breast Lesions

- Signs and symptoms.
- Invade skin--ulcer, satellite.
- Peau d'orange--invasion of lymphatics causes edema.
- Hard, matted, fixed axillary or supraclavicular nodes.

Malignant Breast Lesions

- Signs and symptoms.
- Bloody nipple discharge.
- Metastasis--bone pain, fracture, lung, liver.
- Pain or tenderness.



Malignant Breast Lesions

- Assessment.
- Physical exam suspicion.
- Self breast exam suspicion.
- Mammogram X ray exam of the breast.
- Needle biopsy--small masses.
- Management - surgical; chemotherapy.



Malignant Breast Lesions

- Survival - increases with early diagnosis because size of lesion is smaller and lymph nodes are not involved.
- Metastatic malignancy of the breast - systemic involvement; breast changes during pregnancy with some cancer characteristics (unexplained weight loss).



Breast Abnormalities

- Metastatic malignancy of the breast - systemic involvement; breast changes during pregnancy with some cancer characteristics (unexplained weight loss).



BREAST CHANGES DURING PREGNANCY

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Breasts in Pregnancy

Physical Findings -

- Tenderness.
- Increase in size and veins.
- Nipples increase in size and pigmentation.
- Mammary glands enlarge.
- Colostrum--first milk, more protein, more minerals, IgA, less sugar.



Breasts in Pregnancy

- Lactation.
- Milk letdown in response to suckling or crying.
- Requires adequate fluids.
- Production corresponds to demand.
- Encourage maternal bonding and uterine involution.
- Breast increase in size, veins, and warmth.



Breasts in Pregnancy

- Lactation.
- Most drugs ingested are secreted.
- Engorgement--manage with binder, ice, codeine.
- Suppression--ice, binder, analgesics, Parlodel.
- Fissures--manage with nipple shield and topical meds, pump.



Lactation

- Agalactia - complete lack of milk, very rare.
- Polygalactia - excess milk.



SUMMARY

- Evaluation and management of gynecologic infections and abnormalities require the ability to recognize normal structures and physiology.



SUMMARY

- From that point, one must be able to categorize the problem into an anatomical, traumatic malignancy, or infection problems.



SUMMARY

- Knowing the key signs and symptoms for each of these categories will ensure your ability to reach the best assessment without the common hospital aid at your disposal in the field environment.



QUESTIONS???

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