

Common Gynaecological Histories

Remember history taking in gynaecology requires you to ask extra questions on the **Menstrual history**, **Obstetric history**, **Sexual history** and **Cervical/contraception history (MOSC)** – see the [gynaecological history](#) section!

Presenting complaint	Exploding symptom	Relevant system reviews	Differential diagnoses		Clues to differential
			Grouping	Differentials	
Pelvic pain	<p>Site</p> <p>Onset</p> <p>Character</p> <p>Radiation</p> <p>Associated symptoms</p> <p>Timing & relation to period</p> <p>Exacerbating/relieving factors</p> <p>Severity</p>	<p><u>General</u></p> <ul style="list-style-type: none"> •Fever, sweats <p><u>Gynaecological</u></p> <ul style="list-style-type: none"> •PV bleeding: menorrhagia/inter-menstrual/post-coital/post-menopausal •PV discharge •Pain: dysmenorrhoea, dyspareunia •Chance could be pregnant <p><u>Urological</u></p> <ul style="list-style-type: none"> •Storage: frequency, volume, urgency/ nocturia •Infection: dysuria, haematuria <p><u>Gastrointestinal</u></p> <ul style="list-style-type: none"> •Weight: loss, appetite change •Work down body: dysphagia, nausea/ vomiting, indigestion/ heartburn, bowel habit change, blood/ mucus in stool 	Gynaecological	PID/acute salpingitis	<ul style="list-style-type: none"> •Bilateral pelvic pain •Vaginal discharge •Dyspareunia and dysmenorrhoea •Fever •May be post-coital or inter-menstrual bleeding
				Ectopic pregnancy	<ul style="list-style-type: none"> •Recent period of amenorrhoea •Trying to get pregnant or unprotected sex •May be some vaginal spotting •In tubal rupture, collapse and shoulder tip pain
				Ovarian cyst torsion/rupture/ haemorrhage	<ul style="list-style-type: none"> •Sudden unilateral pelvic pain •May be fever/vomiting
				Endometriosis	<ul style="list-style-type: none"> •Cyclical pelvic pain •Dysmenorrhoea •Deep dyspareunia •Menstrual disturbance
			Urological	Pyelonephritis	<ul style="list-style-type: none"> •Fever, chills, rigors •Loin pain •Urinary frequency and dysuria
			Gastrointestinal	Appendicitis	<ul style="list-style-type: none"> •Young patient •Periumbilical pain •Moves to RIF •Anorexia
				Diverticulitis	<ul style="list-style-type: none"> •Elderly •LIF pain •Pyrexia
				IBS/IBD	<ul style="list-style-type: none"> •Lower abdominal pain •Associated change in bowel habit •May pass blood/mucus in IBD
			Other differentials	Mittelschmerz (ovulation pain) Fibroid degeneration Renal colic Bowel obstruction	

PV bleeding	<p><u>Type</u></p> <p>Menorrhagia/ inter-menstrual/ post-coital/ post-menopausal</p> <p><u>Timing</u></p> <ul style="list-style-type: none"> •When started •Acute/ gradual onset •Duration •Progression •Intermittent or continuous <p><u>Bleeding</u></p> <ul style="list-style-type: none"> •Pattern: regular/irregular •Amount of loss: number of sanitary towels/tampons, passage of clots, flooding •Pain with blood loss, vaginal dryness and itching if post-menopausal •Anaemia symptoms: tiredness, breathlessness on exertion •Thyroid symptoms 	<p><u>General</u></p> <ul style="list-style-type: none"> •Fever, sweats <p><u>Gynaecological</u></p> <ul style="list-style-type: none"> •PV discharge •Pain: pelvic, dysmenorrhoea, dyspareunia •Chance could be pregnant 	Menorrhagia	<p>Dysfunctional uterine bleeding (most)</p> <p>Fibroids</p> <p>Endometriosis</p> <p>PID</p> <p>IUCD</p> <p>Endometrial/cervical polyps</p> <p>Endometrial carcinoma (if >45y)</p> <p>Contraception</p> <p>NON-GYNAE: blood dyscrasia (e.g. von Willebrand), hypothyroidism</p>
			Inter-menstrual	<p>Many...</p> <p>Mid-cycle oestrogen production fall around ovulation</p> <p>Endometrial/cervical polyps</p> <p>Ectropion</p> <p>Endometrial carcinoma (if >40y)</p> <p>Cervicitis/vaginitis</p> <p>Hormonal contraception (spotting)</p> <p>IUCD</p> <p>Pregnancy related</p> <p>PID</p>
			Post-coital	<p>Cervical trauma</p> <p>Cervical polyps</p> <p>Cervical carcinoma</p> <p>Vaginal carcinoma</p> <p>Cervicitis/vaginitis</p> <p>PID</p>
			Post-menopausal	<p>Endometrial carcinoma (until proven otherwise!)</p> <p>Atrophic vaginitis (90%)</p> <p>Foreign bodies e.g. prolapse shelf</p> <p>Cervical/vulva carcinoma</p> <p>Cervical/endometrial polyps</p> <p>Oestrogen withdrawal</p>

Secondary amenorrhoea	Timing <ul style="list-style-type: none"> •When started •Duration •Any exacerbating factors 	Clues to cause (work down body) <ul style="list-style-type: none"> •General: weight loss, stress, exercise, diet •Head: visual problems, headaches •Thyroid: symptoms •Torso: galactorrhoea, hirsutism, acne •Abdomen: possibility of pregnancy Gynaecological <ul style="list-style-type: none"> •PV discharge •Pain: pelvic, dysmenorrhoea, dyspareunia •Chance could be pregnant <i>Ensure you ask sexual and contraception history</i>	Gynaecological	Pregnancy PCOS Menopause/ premature ovarian failure	<ul style="list-style-type: none"> •Trying to get pregnant or unprotected sex •Acne, hirsutism, obesity •Menopausal symptoms e.g. sweats/flushes, aches & pains, previous erratic menstrual cycles, emotional changes etc
			Endocrine	Hypothalamic amenorrhoea (e.g. anorexia, stress, athletes) Cushing's syndrome	<ul style="list-style-type: none"> •Extreme anxiety, stress or exertion •Poor diet •Extreme efforts to lose weight/weight loss •Low BMI •Steroid use •Thin skin/bruising •Central obesity and fat redistribution
				Hyperprolactinaemia	<ul style="list-style-type: none"> •Use of anti-psychotics is one cause •Visual symptoms if tumour •Galactorrhoea •Infertility
			Other differentials	Hyper/hypothyroidism Severe systemic illness Pituitary failure (e.g. Sheehan's syndrome) Certain contraception methods Post-pill amenorrhoea Cervical stenosis Drugs	

Infertility	General <ul style="list-style-type: none"> •When started trying Coitus <ul style="list-style-type: none"> •Frequency •Difficulties •Relation to fertile days •Pain Partners (consider each separately) <ul style="list-style-type: none"> •Age •Occupation •Previous children (same or different partner?) •Smoking and alcohol •Current medications Woman's gynaecological health <ul style="list-style-type: none"> •Gynae sys review (discharge, pain, PV bleeding) •PCOS symptoms (hirsutism, greasy skin, obesity) •Prolactinoma symptoms (nipple discharge) <i>Ensure you ask about previous STIs and pelvic operations in the PMHx</i>	Gynaecological	PCOS Fallopian tube damage (e.g. 2 nd to PID or surgery) Endometriosis Cervical barrier e.g. cervical stenosis, hostile mucus, polyp, inflammation Hyperprolactinaemia Hypothalamic disturbance (e.g. anorexia, stress, athletes)	<ul style="list-style-type: none"> •Acne, hirsutism, obesity •History of STI's, PID or pelvic surgery •Cyclical pelvic pain •Dysmenorrhoea •Deep dyspareunia •Menstrual disturbance •Previous cervical surgery •Current STI symptoms •Use of anti-psychotics is one cause •Visual symptoms if tumour •Galactorrhoea •Extreme anxiety, stress or exertion •Poor diet •Extreme efforts to lose weight/weight loss •Low BMI
		Other differentials	Amenorrhoea associated (<i>see causes above</i>) Systemic illness Defective sperm/ovulation Congenital uterine/vaginal malformation Chromosomal/genetic abnormalities Pituitary tumour Peri-menopausal Uterine fibroids/polyp Sexual dysfunction	