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## **Learning Outcome**

**At the end of the session, students should be able to:**

- LO1 Apply the knowledge of anatomy to the physical examination findings
- LO2 Relate the pathophysiology of pelvic inflammatory disease to the clinical presentations
- LO3 Interpret the investigation results in this case scenario
- LO4 Discuss the ethical concerns related to this case scenario

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### Trigger Part A

Mrs. Syasya, a 30-year-old married lady, para 1, complained of offensive, yellowish per vaginal discharge for 2 months duration. She also complained of mild fever, malaise, suprapubic pain, deep pain during sexual intercourse and painful menstruation. She was on contraceptive pills for family planning.

**Trigger (Part B) – this part should be released to students at minute 30 during first session.**

On examination, she was febrile and her pulse rate was 100 beats / minute. Her lower abdomen was tender with presence of guarding. Other systems were normal.

Vaginal examination revealed a mucopurulent yellowish discharge. There was redness around the external cervical os. The uterus was normal in size, anteverted, mobile and tender. There was left adnexa mass palpated and it was tender.

High vaginal swab (HVS) showed normal vaginal flora. Endocervical swab was positive for *Chlamydia trachomatis*.

She was diagnosed as having acute pelvic inflammatory disease with tubo-ovarian abscess secondary to chlamydial infection and was treated with a course of antibiotics.

Mrs. Syasya was worried about her husband's feelings towards her after this.