Common Gynecologic Problems in Primary Care

Nicole Kerner, M.D., F.A.C.O.G.
FIGURE 1
This figure demonstrates how patient risk is evaluated. For a given current results and history combination, the immediate CIN 3+ risk is examined. If this risk is 4% or greater, immediate management via colposcopy or treatment is indicated. If the immediate risk is less than 4%, the 5-year CIN 3+ risk is examined to determine whether patients should return in 1, 3, or 5 years.

Source
2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors
Recurrent Vaginitis

Bacterial Vaginosis
• 14 day course oral metronidazole
• Follow with weekly metrogel vaginal suppression for 4-6 months.
• Topical clindamycin is less effective but can be used for allergic pts
• Vaginal Boric Acid 600mg used twice weekly

Recurrent Yeast
• Fluconazole 150mg weekly for 6mos after 2wk induction (Infectious Disease Society of America)
• Boric Acid Suppression 600mg twice weekly
Heavy Menses

• Begin eval with history, pelvic exam, endometrial biopsy and ultrasound. (EMB over 40, younger if risk factors for hyperplasia)
• Assuming this is normal, likely HORMONAL etiology of heavy bleeding, (not fibroids, polyps, bleeding disorder)

SO MANY OPTIONS if she's healthy!

- OCPs
- Cyclic progesterone (Prometrium 200mg day 1-12 in perimenopausal pts not requiring contraception
- LNG-IUD
- Tranexemic acid (inhibits fibrinolysis)
- Endometrial Ablation
- Novasure/Myosure if submucosal fibroid/polyp
- LASTLY HYSTERECTOMY. Ovaries/Salpingectomies
Pelvic Exam

- First exam OR very anxious, occasionally bring pt back to office prior to doing actual exam.
- Typically show pt the speculum as well as tools used for collecting any specimens. Talk the patient through what you are doing in simple terms.
- "not feeling ovaries".. EUA only 60% sensitive for pelvic mass
- Typically use pederson speculum, go slowly. Pt is always able to stop exam at any time.
Thanks for having me today!
Future questions-
nicole.kerner@duke.edu