

Fredrique Green

OBGYN: H&P 2

Chief Complaint: abnormal vaginal discharge

History of Present Illness: D.G. is a 22-year-old female G2P0020 LMP 10/1/24 who presents to clinic for: continuous malodorous, thick, and yellow vaginal discharge since visit in June 2024, burning sensation in vulvar area during sexual intercourse x2-3 weeks, and nontender bumps with purulence on vulva x2-3 weeks. Patient stated that at her last visit, she also reported vaginal pruritus and was prescribed medication for a yeast infection, but her malodorous and yellow discharge did not improve. Per chart review, patient tested positive for trichomoniasis and bacterial vaginosis in June 2024 for which she was not prescribed treatment. Patient was aware of her positive trichomoniasis test result and endorsed not receiving medication for it. Endorses vaginal pruritus, urinary frequency, and 1 episode of vulvar swelling a few days ago that has since resolved. Denies dysuria, hematuria, abdominal pain, vaginal bleeding, pelvic pain. Patient also requests STI testing. She is currently sexually active with 2 partners (1 male, 1 female). Denies any contraception use. Does not remember last CBE.

PMHx:

- HTN
- HLD
- Hx of ASC-US with positive HPV untyped

Medications: denies

Allergies: NKDA

Immunizations: not UTD

PSHx: denies

OBHx:

- STI Hx: trichomoniasis 6/2024 - not treated
- Last pap: 2/2024 - ASC-US positive

Social Hx:

- Tobacco: never
- Vaping: never
- Alcohol: social
- Sexual: 1 male partner, currently sexually active, no hx of STIs
- Lives at home with 2 children (both vaginal delivery) and 1 husband, feels safe at home

Review of Systems:

General: denies fever, chills, headache, fatigue, lightheadedness

Skin/hair/nails: denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles, rashes, pruritus, change in hair distribution

Head: denies dizziness, headache, trauma

Eyes: denies discharge, dry eye, eye pain, double vision, blurry vision

Ears: denies ear pain, tinnitus, fullness, eye discharge, hearing loss

Nose: denies sinus pain, decreased sense of smell, epistaxis, nasal discharge

Mouth/throat: denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, dentures

Neck: denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, dentures

Respiratory: denies cough, shortness of breath, sputum production, wheezing, hemoptysis, paroxysmal nocturnal dyspnea

Cardiovascular: denies chest pain, palpitations, irregular heartbeat, edema, syncope, known heart murmur

Gastrointestinal: denies abdominal pain, nausea, vomiting, constipation, diarrhea, change in bowel habits, rectal bleeding, loss of appetite, hemorrhoids

Musculoskeletal: denies leg pain, swelling, deformity, redness, weakness, muscle pain, joint pain

Peripheral vascular: denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, color change

Hematologic: denies anemia, easy bruising/bleeding, history of DVT/PE

Genitourinary: admits urinary frequency, malodorous and yellow vaginal discharge. Denies urinary urgency, hesitancy, nocturia, polyuria, oliguria, dysuria, change in urine color, incontinence, flank pain, dyspareunia, anorgasmia, vaginal bleeding

Endocrine: denies temperature intolerance, excessive thirst

Neurologic: denies paresthesias, weakness, ataxia, seizures, sensory disturbances, change in mental status, memory loss

Psychiatric: denies feelings of helplessness, feelings of hopelessness, lack of interest in usual activities, suicidal ideation, anxiety

Physical Exam:

Vital Signs:

BP: 121/68

Pulse: 88

RR: 18

Temp: 98.7

SpO2: 99%

Wt: 49 kg

Ht: 5'1"

General Survey: AO3, NAD

Breast: symmetric, no lesions, no masses appreciated

Pelvic:

- **Vulva:** normal female genitalia
- **Vagina:** scant, thin, white discharge
- **Cervix:** no CMT, os appears normal, no lesions
- **Uterus:** mobile, nontender
- **Adnexa:** no adnexal tenderness

Differential diagnosis:

- Trichomoniasis
- Bacterial vaginosis

- Vulvovaginal candidiasis
- UTI

Assessment:

22-year-old female G2P0020 LMP 10/1/24 presenting for STI testing and continuous malodorous, thick, and yellow vaginal discharge that has not improved since visit in June 2024. Patient endorses positive test for trichomoniasis in June 2024 but was not prescribed treatment per chart review or patient. Normal pelvic exam with scant, thin, white vaginal discharge does not rule out subclinical trichomoniasis. Patient should be treated presumptively.

Plan:

- U/A
- Flagyl (PO 500 mg x 7 days) with expedited partner treatment
- STI testing (vaginitis panel, hepatitis B and C, HIV, syphilis, gonorrhea/chlamydia culture)
- RTC February 2025 for repeat pap smear