

## Advanced Assessment in Clinical Practice: Male and Female Disorders

### I. Common disorders of the male and female reproductive system

#### A. Sexually transmitted infections

Herpes	<ul style="list-style-type: none"> <li>• Viral infection which may involve the oral or genital areas.</li> <li>• Inguinal lymph node enlargement and fever may also be present.</li> </ul>
Bacterial vaginitis	<ul style="list-style-type: none"> <li>• Foul smelling discharge with a “fishy odor”.</li> <li>• +KOH and clue cells</li> </ul>
Candida infection	<ul style="list-style-type: none"> <li>• Itching of labia which may extend to the thighs.</li> <li>• White, curd-like discharge.</li> <li>• + KOH prep</li> </ul>
Trichomoniasis	<ul style="list-style-type: none"> <li>• Protozoan infection leading to watery, frothy, green discharge with a foul odor.</li> <li>• Dysuria and dyspareunia with severe infection.</li> <li>• Will see a strawberry cervix.</li> </ul>
Gonorrhea	<ul style="list-style-type: none"> <li>• Bacterial infection. Often asymptomatic in females.</li> <li>• Purulent discharge. Difficult to see in females. Easy to see in males</li> <li>• Males may have burning with urination and swollen or painful testicles.</li> </ul>
Chlamydia	<ul style="list-style-type: none"> <li>• Bacterial infection. Often asymptomatic in females.</li> <li>• Females may spot after intercourse or have urethritis.</li> <li>• Males typically have a serous discharge.</li> </ul>
Condyloma acuminatum (HPV)	<ul style="list-style-type: none"> <li>• Viral infection with over 100 species causing various manifestations including genital warts</li> </ul>
Syphilis	<ul style="list-style-type: none"> <li>• Bacterial infection that spreads with sexually contact when direct contact with the chancre lesion occurs.</li> <li>• Characteristic lesion is painless and indurated.</li> </ul>

- B. Rectocele: Herniation of the rectum through the posterior wall of the vagina. Bulging may be seen or felt. More pronounced with bearing down.
- C. Cystocele: Herniation of the bladder through the anterior wall of the vagina. Bulging may be seen or felt. More pronounced with bearing down. If severe, may have urinary incontinence.
- D. Breast cancer
  - 1. Hard and painless thickening of the breast or a lump.
  - 2. Nipple retraction or inversion.
  - 3. Nipple discharge.
  - 4. Crusting.
  - 5. Peau d' orange of the areolar.
  - 6. Skin dimpling and acquired nipple inversion.
  - 7. Asymmetry of the breasts.
  - 8. Axillary mass.
  - 9. Enlargement of the lymph nodes in the axillary or supraclavicular area.
- E. Cervical cancer
  - 1. Early stage: No symptoms.
  - 2. Late stage: Vaginal discharge with increased amount and dark and foul smelling. Irregular bleeding and spotting.
- F. Endometrial cancer
  - 1. Abnormal bleeding especially after menopause.
  - 2. Pelvic pain and pain on urination may occur.
  - 3. With metastasis, may see pleural effusion, ascites, abdominal masses and lymph node enlargement.

Lab effects: CA-125 for screening
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G. Ovarian cancer

1. Most common age is 50-60 years.
2. Massive ascites is seen.
3. Pap smear abnormal in only 30% of cases.

Lab effects:  
CA-125 ↑ in 75% of cases  
Used to gauge treatment

H. Benign prostatic hypertrophy

1. Common over the age of 50.
2. Urinary symptoms such as hesitancy, decreased force, dribbling, incomplete emptying, frequency, urgency, nocturia, and dysuria.
3. On rectal exam, feel an enlargement of the prostate gland. Feels smooth, rubbery, symmetrical, and enlarged.

I. Prostate cancer

1. Rare before the age of 50.
2. Symptoms of BPH.
3. On rectal exam, feel an enlargement which will be hard, irregular nodules which are symmetric.
4. PSA levels increase. Rising levels with treatment indicates poor prognosis.
5. Metastasis to the bone as the primary site. Monitor alkaline phosphatase levels. Rising levels indicates poor prognosis

Lab effects:  
PSA and DRE detects 80% of cases  
↑ acid phosphatase if bone metastasis