7/28/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Sam B* ***Case Discussants****: Maddy (@MadellenaC) & Noah (@Noah_Nakajima)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Sudharshan):
CC: 53y/o woman presents w/ vaginal bleeding after menopause
HPI: started 4 months ago Bleeding a/w cramping. She is not sexually active. Menarche: 13yrs; Menopause: 49yrs
Up to date on preventive care
ROS: No fever chills, bowel or bladder symptoms , vomiting, diarrhea, loss of appetite, early satiety, bloating, weight changes.

Fam Hx: no family members with breast, colon, ovarian ca; no bleeding disorders

PMHx -
Medication -
Social Hx: -
Health-Related Behaviors: -
Allergies: -

Vitals: T: **HR**: **BP**: **RR**: **Sat**: **BMI**:
Exam: Gen: unremarkable
HEENT: wnl **CV**: wnl **Pulm**:wnl **Abd**: wnl **Neuro**: wnl **Extremities/skin**:
Pelvic Exam: Vulvar atrophy c/w post-menopause, dark brown blood in vault from cervix, no cervical lesion, normal uterine size, mobile, nontender, Ovaries are nonpalpable, L adnexa tender to palpation

Notable Labs & Imaging:
Pelvic USG: uterus 6.7x3.6x6.5cm, small fibroid, endometrial stripe measuring 7mm, fluid in endometrial cavity, fluid in endometrial cavity. Left adnexal structure 3.5x3.5x3.2 cm difficult to characterize, unclear if originating from the ovary, no clear ovarian tissue identified, R adnexa normal
Pelvic MRI: mass originating from : ovary, solid enhancing, 3.4x3.8x3.4 cm. Mild to moderate pelvic and lower abd free fluid
D+C: small polyp lille lesions in the uterine fundus which did not appear suspicious
Path: endometrial polyp with focal glandular crowding, -ve for EIN/malignancy

Continued LLQ discomfort -> had BSO but continued bleeding s/p 1 month
L ovary 7cm mass: cystic with hemorrhagic and solid components, L tube normal. R ovary nl, 2cm nodule at the end of R tube
CA 125, CEA, HCG, HE4 elevated
Normal AFP, LDH
Frozen section: carcinoma in b/l fallopian tubes and L ovary
Final path: high grade serous fallopian tube carcinoma. No involved lymph nodes, microscopic foci of high grade carcinoma involving the omentum. Stage 3a, within endometrium there is intraglandular cytological atypia c/w endometrial intraepithelial carcinoma, p53 mutation positive

Dx: serous fallopian tube carcinoma

Course: after 2 years and several cycles of carboplatin paclitaxel, unfortunately developed peritoneal carcinomatosis, malignant ascites, Hospitalized for pain management developed bowel obstruction and renal failure, discharged on home hospice and passed away several days later

Problem Representation: 53 y/o postmenopausal female with vaginal bleeding and left adnexal mass found to have high grade serous fallopian tube carcinoma

Teaching Points (Varsha)

Vaginal bleeding

- Context - perimenopausal, menopausal, pregnancy
- Real vs mimic
  - Mimics - urinary bleed/ hematochezia/ lower Gi bleed
- structural cause / Focality (+ exam) Vs bleeding RF (systemic/ coagulopathy)
- Bleeding from the OS - uterine/ ovarian cause of bleeding rather than local vaginal or vulvar lesion
  - Uterine cancer/ endometrial cancer
  - Thickened endometrium (>4mm) is highly suspicious for endometrial carcinoma until proven otherwise → Imaging/ CT / Biopsy
  - Fibroids causing bleeding → more closer to mucosa and more in number
- Ovarian mass with bleeding + thick endometrium → hormone producing mass vs mets