

# Uro-gynaecology Short Cases

## Introduction

This module will look at clinical cases which are at the interface between urology and gynaecology. The topics were chosen by an interprofessional focus group of practising clinicians. There will be four short cases covering different conditions, which may overlap. An extra topic (female genital mutilation) was brought up by the discussion group, and information on this has been added as an appendix. No specific case refers to this topic, but the authors felt that its inclusion was topical, and groups may wish to discuss the issue, depending on the possibility of cases arising in your area.

More information on gynaecological issues are available in the previously published PBSGL modules, which (at the time of writing, 2019) include pelvic pain due to endometriosis, ovarian cancer, prolapse, vaginal itch due to candidiasis, and post-menopausal symptoms. This module will mention these issues where relevant to the cases under discussion but will not provide detailed information on them. A list of the published PBSGL modules is available at <https://www.cpdconnect.nhs.scot/>

The cases are designed to illustrate the problems described in the aims of the module. They are real cases but are **not** meant to be the focus of the group's discussion. Instead, PBSGL groups are encouraged to think of similar cases in their own place of work.

Studying all the cases is not compulsory. If the group runs short of time and completing the group feedback is still to be done, it is better to leave out a case completely. The feedback, where group members say what changes they will make in practice as a result of the meeting, is an essential part of the learning process – more important than “completing the cases”.

## Cases

### Case 1. Alice, aged 33

Alice has had multiple sclerosis (MS) for two years, presenting with optic neuritis and a history of new tingling in her left arm. Her symptoms completely resolved, and she has had no further relapses