HPI:
26 y/o female G1P1001 LMP 12/27/2025 with a PMHx of anemia and depression presents for evaluation of bilateral pelvic pain, right worse than left, and bilateral nipple discharge for approximately two weeks. Reports dull intermittent pain that is sometimes worse with penetrative sexual intercourse, lasting at most a few hours at a time. Reports being sexually active with both male and female partners with intermittent barrier protection and wishes for STI testing at this time. States that pain is improved with Ibuprofen, but does not completely resolve and later returns. Reports some white vaginal discharge but denies pruritus or abnormal bleeding. Denies dysuria, urinary urgency, or frequency. Denies fever, chills, nausea, vomiting, or diarrhea. States that menses are regular (monthly) lasting 5-6 days. States that she gets cramps on the first 2 days, but that this pain does not feel like menstrual cramps.

Also reports intermittent bilateral clear/milky breast discharge over this time. States that she breastfed her child for 7 months after birth via normal spontaneous vaginal delivery on 02/03/2023. Denies breast pain or breast changes such as redness, swelling, or orange-peel appearance. Has not tried anything to address this discharge.

History:
PMHx: Depression and anemia
PSHx: Denies
Social history: Denies smoking, drinking and drug use

GYN History:
Normal spontaneous vaginal delivery x1
Denies history of C-section, ectopic pregnancy, spontaneous or elective abortions
Contraception use: intermittent condom usage
Sexual activity: Sexually active with multiple partners (males and females)
STI history: Denies
Family history: Denies history of breast, ovarian, or endometrial cancer
PAP smear: Last 06/2025; normal.

Review of Systems:
General: Denies fevers and chills

Breast: Bilateral breast discharge. Denies breast pain or breast changes such as redness, swelling, or orange-peel appearance

GU: Bilateral pelvic pain, right worse than left, and white vaginal discharge. denies pruritus or abnormal bleeding. Denies dysuria, urinary urgency, or frequency.

GI: Denies nausea, vomiting, diarrhea.

Physical Exam:
Vitals:

Blood pressure LUE seated: 125/65
Heart Rate: 79bpm
SPO2 98% on room air
Respiratory Rate: 17 breaths per minute
Temperature: 98.5F PO
BMI: 36.2 (Height 5'4, Weight 211 lbs)

General Appearance: Pleasant, cooperative, female speaking in full sentences and in no acute distress. Appears her stated age, is well groomed, and dressed appropriately for the weather.

Breast: Bilateral breasts non-tender without dimpling, redness, or swelling. No nipple discharge appreciated with nipple compression. No masses or lesions.

Pelvic:
Vulva: Normal female genitalia without erythema or lesions
Vagina: No erythema or lesions noted. Some thick white homogenous discharge noted.
Cervix: CMT noted.
Adnexa: Bilateral adnexal tenderness, right worse than left. No palpable masses

Assessment:
26 y/o female here with bilateral pelvic pain, right worse than left, and bilateral nipple discharge for approximately two weeks. Patient with CMT and bilateral adnexal tenderness, right worse than left, on exam along with some thick white homogenous vaginal discharge. No nipple discharge appreciated on exam with nipple compression.

DDx Vaginal Discharge:
Vaginitis (BV and/or candidiasis)
Gonorrhea/chlamydia infection

DDx Pelvic pain:
PID
Ovarian cysts
Pregnancy of unknown location/ectopic pregnancy
Cystitis/Complicated UTI
Fibroid, although less likely due to no history of abnormal bleeding

DDx Nipple Discharge:
Hyperprolactinemia secondary to prolactinoma or post lactation galactorrhea
Hormonal imbalance (Estrogen/Progesterone)
Intraductal papilloma
Breast cancer, but less likely due to bilateral nature and no breast changes
Physiologic galactoria secondary to stress

Plan:

G/C swab
Vaginitis swab (giardias, trichamonas, yeast)
Referral to US (Transvaginal and transabdominal)
Referral to Breast sonogram
Labs including Prolactin level, HIV AG/AB, Syphilis, HepB, and HepC
POC urine pregnancy
POC urinalysis
400mg ibuprofen here in clinic
Prescription for ibuprofen 600mg, 30 day supply
Follow-up results of swabs and prescribe medication as appropriate

- If BV- metronidazole gel 0.75% nightly for 5 days.
- If candidiasis- Flucanozole 150mg PO once
- If gonorrhea- Ceftriaxone 500mg IM
- If chalmydia- Doxycycline 100mg twice a day for 7 days
- If G/C- patient education about partner notification and treatment with abstinence until all are treated.

Follow-up:

Patient with acute increase in pain after pelvic exam. Took 400mg ibuprofen after which had nausea and dry heaving. Patient transported to emergency room to rule out acute, emergent pathology such as ovarian cyst rupture.