

Example Case Studies

(With questions and suggested answers)

Case study 1 – Opportunistic screening (Amy)

Amy is 18 years old and has just finished high school. She attends the practice today because she is going to spend a year between high school and Uni travelling and working overseas. She feels well and has no complaints, but wants to know which travel vaccinations she will need given that she will be travelling through South East Asia, Europe and possibly Latin America. She will be leaving in two months time.

1. *Is this an opportunity to introduce opportunistic screening for chlamydia?*

Yes, definitely as Amy is in the highest risk age group

2. *If so, how would you go about that?*

- a. All you need to establish is that she has been sexually active. This will have been established already during the discussion on contraception. It is not necessary at this stage to take an in depth sexual history.
- b. Asking the question: “Amy, we are offering a chlamydia test to all sexually active 15–25 year olds, would you like a test? Don’t worry – no examination is necessary. All it takes is a urine sample and a swab that you collect yourself in the toilet.”
- c. You provide Amy with her urine specimen jar, a vaginal swab to self-collect and a chlamydia fact sheet. You see her again in one week for the result and to start her vaccinations.
- d. The chlamydia result is negative, but Amy says that she didn’t really know much about it before and will be extra careful with condom use while overseas. She talked to her friends about it and they will be getting tested too as it’s so easy to do and doesn’t require an examination.

Case study 2 – Partner Notification (Liz)

Liz is married, 30 years old and a longstanding patient of the practice. She presents today complaining of some burning & stinging passing urine, but no lower abdominal pain, lower back pain, fever, haematuria or frequency. She seems hassled and in a bit of rush, and she thinks it might be cystitis. You haven’t seen her for several months when she wanted advice about how long it would take to conceive after stopping the oral contraceptive pill. Her husband is not a patient at the practice.

While you write out a pathology request form for a midstream urine for culture you ask “How are things going with your relationship by the way – is everything OK?” She becomes a little uncomfortable when discussing her partner – it turns out he is interstate on business trips frequently and their relationship has become strained. They have sex without condoms as she is

on the pill. She had wanted to start a family, but her husband has not been keen.

You ask about other genitourinary symptoms in herself and her husband – her only sexual partner since they were married 5 years ago. She is surprised that you are asking her about her husband. Dysuria is her only symptom and she doesn't think her husband has any symptoms. They don't have sex that often these days, but did the weekend before last on their wedding anniversary.

1. Is this situation an indication for Chlamydia testing?

Yes, there is enough information in the sexual history for a chlamydia test to be indicated. Liz is having unprotected sex and could be at high risk of chlamydia if her husband is having sex with other partners, though that is not known.

2. If so, how will you go about offering that to Liz?

You recommend that she has both a MSU culture and chlamydia test: "Burning and stinging passing urine is one of the symptoms of cystitis, but it can also be symptom of infection with chlamydia. Chlamydia is sexually transmitted infection that is more common among younger women, but it is good medical practice to exclude that possibility in your case."

3. What are the implications for her and you as the treating doctor if the test is positive?

She will need antibiotic therapy and may have questions regarding her fertility. In the absence of a history of pelvic pain or dyspareunia, a pelvic examination is not mandatory, but many practitioners would offer that, especially if the patient was concerned. She will not know whether there has been any tubal damage until she tries to conceive. As the treating doctor, you need to address partner notification.

4. How will you manage the aftermath of the positive result?

The patient returns and is very upset to hear that the chlamydia test is positive.

- You prescribe azithromycin 1 gram PO stat and advise "your husband will need to be treated too so that you don't get re-infected".
- She should not have sex with her husband again before he is treated, even with a condom as it could break, and until at least one week after he is treated.
- Resources: chlamydia fact sheet, chlamydia contact letter.
- You provide a chlamydia fact sheet and a contact letter for her husband that she accepts.
- Recommend retesting in 2-3 months to ensure successful therapy and partner notification.
- She accepts your offer of referral for relationship counselling