

PS1.108

Endometriosis - a reflection concerning the role of the family physician

Margarida Gil Conde, R Ramos

USF Vasco da Gama, Lisbon, Portugal

Corresponding author: Dr Margarida Gil Conde, ACES Lisboa Central, USF Vasco Da Gama, Lisboa, Portugal. E-mail: margarida.gil.conde@gmail.com

Background: The following case is crucial to General Medicine as it compels us to reflect upon the significance of framing together every health problem whilst giving relevance to the family history, especially if there is a disease with increased prevalence. Another dimension explored is the self conscience of the physician and his ability to reference the patient in a timely and correct manner.

Case Description: Female, 37 years, former professional athlete, no children, menarche at 11, dysmenorrhoea and metrorrhagia. Family history of chronic venous insufficiency with eight members of the family affected including males. The first consult occurred on 2007 due to an intense pelvic pain. Investigations unveiled the diagnosis of Endometriosis and the patient initiated therapy with Nuvaring®. On 2008 she felt lower limb paresthesia being posteriorly diagnosed with venous insufficiency and consequently underwent surgery. On 2013 returned with the desire to get pregnant and prenatal care was initiated. Six months later she recurred to the emergency service with pelvic pain and the progression of Endometriosis into stage IV was verified. After ovarian stimulation the patient got pregnant but she suffered a miscarriage later. Currently she is waiting to be accompanied by a fertility specialist while maintaining follow-up in our General Practice consult.

Conclusions: The patient suffers from Endometriosis which affects not only physically but also psychologically, raising the need for an adequate vigilance from the General Physician even if the disease transcends his area of expertise. As a treatment, the doctor opted for combined hormonal therapy despite the marked family history of venous insufficiency. This case brings out the question if there could have been a more active approach in order to prevent iatrogenic damage and highlights the importance of a proper articulation between primary and secondary care.