Alana Healthcare

Rooms: 48-50 St Pauls St, Randwick 2031
Mail: PO Box 3353, St Pauls 2031
P: 02 9009 5255 **F:** 02 9009 5244

Alana Health Care for Women Pty Ltd
ABN: 99 123 335 259
www.alanahealthcare.com.au

Professor Jason Abbott
B Med (Hons), FRCOG, FRANZCOG, PhD
Gynaecologist and Laparoscopic Surgeon
Provider No. 2084958T
ABN: 30 561 883 438

21 July 2021

Dr Emma Scott
General Practice Cremorne Sydney
414 Military Road
MOSMAN NSW 2088

Dear Emma,

RE: Miss Imogen L Harper - DOB: 11/09/86
3/53 Lauderdale Ave, FAIRLIGHT NSW 2094

It was my pleasure to see Imogen today who has had a known dermoid cyst that she has had for about 4 years and this has not grown during that time. She has had a regular menstrual cycle and has been on the OCP in the past and has not been on this for about 10 years. She has a cycle that is 3/28-30 and she has no heavy menstrual bleeding. She had a termination of pregnancy in London a few years ago and she noted a reduction in her menstrual duration following this and her cycle reduced from 5 to 3 days. She has low back pain prior to the onset of her periods. She has pain on day 1 of her cycle in her pelvic area and then it settles down in the first dew days. She has no pain between her cycles of note. She can have occasional deep pain with bowel motions and this may be particularly around ovulation time.

Imogen has had a deep pelvic scan to investigate her symptoms and this has identified likely deep disease and intrauterine adhesions. She is sexually active and has no dyspareunia. She has been thinking about a pregnancy in the near future.

Imogen has not had any other procedures apart from her termination. She has thyroid antibodies but normal thyroid function. She has no allergies to medications and does not smoke and drinks very occasionally. She has normal and up to date cervical screening tests.

On examination today the abdomen was soft and non tender. The external genitalia were normal. The uterus is anteverted and mobile and there are no adnexal masses. There is central induration, with right uterosacral ligament thickening but no nodularity in the posterior compartment.

We went through the findings of the ultrasound today and Imogen has an intrauterine adhesion on 2 D scanning - likely from the TOP and this fits with her clinical scenario of change in cycle and this may change her fertility (this is likely stage II Asherman syndrome).

For the dermoid, I would recommend a conservative course of action. Imogen has a clinical diagnosis of Endometriosis and this is a strong diagnosis based on history, examination and investigation. She has disease on but not in the bowel and we can continue to be conservative in this regard. She has a good antral follicle count. The intrauterine adhesion is the only issue that may need to be considered and this could be addressed with a hysteroscopy. Imogen is going to think about how she proceeds and we will touch base as needed.

Yours sincerely,

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cc: Miss Imogen L Harper, 3/53 Lauderdale Ave, FAIRLIGHT NSW 2094