Cardiovascular System
Her pulse rate was 82 beats per minute and her blood pressure was 120/70 mmHg. The first and second heart sounds were normal and there was no murmur.

Abdomen
Her abdomen was full and soft with no area of tenderness. There was no organomegaly.

Pelvic examination
The patient was put in dorsal position. On valsalva maneouvre, there was a mass bulging from the vagina anteriorly at the introitus and demonstrable stress incontinence. The vulva appeared atrophic with scanty pubic hair. The mass was easily reduced by the patient. She was then put in the Sim's position and with the aid of Sim's speculum and vaginal retractor/ sponge holding forceps; an anterior wall prolapse was demonstrated. There was no demonstrable posterior wall prolapse. The cervix was 2cm above the hymenal remnants and was grossly normal.

On bimanual examination, the vaginal capacity was reduced; the palpable mass was firm and non-tender. The uterus was atrophicand there were no adnexal masses or tenderness and the pouch of Douglas was empty.

PRACTICE CASE 2

Mrs. R.M. is a 30 year old Para 3^{+0} (3 alive) housewife. They live at Afon Village in Kwara- State. She complained of a mass bulging from her vagina which was first noticed about 3 years ago, after her second childbirth. The mass became more pronounced after her last confinement 6 months ago. The mass is easily reducible but recurs almost spontaneously when she lifts heavy objects, coughs or bears down. There is no history of abdominal swelling, chronic cough or prolonged constipation. There is no associated urinary frequency, dysuria, urinary retention or difficulty with defaecation.

Gynaecological history
She attained menarche at the age of 13 years. Before her last pregnancy, she menstruated for 3 days in regular cycles of 28-29 days and the flow was normal. She is yet to resume menstruation following her last delivery. She is aware of contraception but has never used any form previously and is currently not on contraception. She is ignorant of cervical screening.

Past obstetric history
Her first delivery and second deliveries were by vacuum extraction on account of prolonged second stage of labour but were otherwise uneventful. The last delivery was uneventful.
Past medical and surgical history
She does not have any chronic medical disorders and has never had any surgery.

Drug and Allergy history
She has no known history of drug allergy and is not on any drugs.

Family and social history
She is a housewife married to a 40 year old farmer. She does not take alcohol or tobacco in any form. There is no family history of hypertension or Diabetes Mellitus.

Physical examination
She was a healthy looking young woman with a BMI of 24.5Kg/m^2. She was afebrile to touch, anicteric and not pale. There was no pitting pedal oedema bilaterally.

Head and neck
There was no abnormality.

Breasts
They were full and symmetrical. The nipples were everted and there was obvious lactation. There were no palpable lumps.