MANAGEMENT OF ACUTE PELVIC PAIN

By Tim Chang

Aetiology

Pregnancy related

- miscarriage
- ectopic
- bleeding corpus luteum cyst

Gynaecological

- Ovarian cyst
    - rupture
    - bleeding
    - torsion
    - mittelschmerz
    - OHSS

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- Endometriosis esp ruptured endometrioma

- Pelvic inflammatory disease
    - salpingitis
    - unruptured Tubo-ovarian abscess
    - Ruptured Tubo-ovarian abscess with peritonitis

- Uterine
    - Adenomyosis
    - fibroids leading to acute degeneration / torsion etc
    - endometritis

Non-gynaecological

- Urinary
- GIT e.g. appendicitis/IBD/diverticulitis
- musculoskeletal

sometimes difficult to differentiate gynaecological or surgical cause of the pain

Try to divide pain/ patient into 1 of 3 categories:

1. Urgent i.e. needs immediate surgery
2. Sub acute i.e. needs admission and observation for 24 to 48 hours.
3. Non urgent. Can be discharged and followup with the gynaecologist

Indications for urgent surgery:

1. haemodynamically unstable
2. acute peritonitis
3. suspected torsion

Conditions requiring urgent surgery:

1. ruptured TOA
2. torsion ovary/tube
3. haemorrhage ovarian cyst (esp. on anticoagulant) → haemodynamic instability
4. ruptured ectopic pregnancy

Types of pain

- Visceral pain
- Somatic pain

History

HPI

Age/reproductive status of the patient

Onset of pain

- sudden → rupture/torsion
- gradual → obstruction / inflammation

Nature/description pain

- colicky ⇒ hollow viscus
- dull ⇒ inflammation / ischaemia
- sharp stabbing ⇒ peritoneal irritation

associated dysmenorrhoea / dyspareunia

location of pain:

- poorly localised ⇒ colic visceral pain
- well localised ⇒ specific organ peritoneal pain

Exacerbating/relieving factors:

- remains still ⇒ peritoneal irritation
- rolling around ⇒ distension of viscus
- any relief with analgesia

Previous history of similar pain

Associated symptoms:

- fever
- PV bleeding
- PV discharge
- urinary symptoms
- bowel symptoms e.g. nausea / vomiting and anorexia / constipation / diarrhoea

O & G History

Menstrual history is extremely important esp.

- LMP
- cycle length/duration
- associated dysmenorrhoea/menorrhagia

NB normal or recent menses does NOT exclude pregnancy

Contraceptive history

- OCP → suppress ovarian function Unusual ovarian cysts / PID
- IUCD ⇒ pelvic inflammatory disease or ectopic if pregnant
- tubal ligation ⇒ ectopic pregnancy

Sexual history e.g.

- number of partners
- last intercourse
- history of PID/gonorrhoea/chlamydia

Pregnancy history e.g.

- TOP
- ectopics etc.

Medical history

appendix present/absent
GIT disease

Family history e.g**.** endometriosis / fibroids / non-gynaecological disease

Examination

General assessment

appearance of patient (does she look ill?)
Vital signs: temp/BP/PR
CVS / Resp. assessment

Abdominal

inspection esp.

- distension
- masses
- scars

palpation

- tenderness
- guarding
- rebound
- rigidity

percussion esp.

- outlining bladder
- defining ascites

auscultation for bowel sounds

NB Examine hernial orifices

Pelvic assessment

speculum to assess cervix for; POC / blood / pus (take appropriate swabs)

Vaginal examination

- cervix open or closed
- uterine orientation
- adnexal masses & tenderness
- cervical excitation (indicates peritoneal irritation POD eg blood / inflammation)

NB: Fixed R/V uterus ⇒ endometriosis

Rectal examination Cancer rectum / appendicitis

Recto vaginal assessment

evidence of peritonitis requires urgent intervention

Investigations

- **Quantitative βHCG (essential)**
  Note discriminatory zone

- FBC/ESR
  - Hb ⇒ haemorrhage
  - WCC ⇒ inflammation

- MSU
  - blood
  - UTI

- Endocervical swab / HVS / urine PCR
  gonorrhoea/chlamydia

- Pelvic / Transvaginal U/S
  1) pregnancy
  2) gynaecological

- plain AXR for B/O and air under the diaphragm

- IVP / CT abdomen/pelvis → urinary stones

Laparoscopy

Laparoscopy is useful for:

Diagnosis

- if pain unresolved after 24 - 48 hours of observation
- suspected ectopic / torsion etc.

Definitive management

- ectopic
- ovarian cysts / torsion
- TOA

References

Jones KY, Mallet VT. Abdominal & pelvic pain. Chapter 40 in Emergency Care of the Woman. Editor M Pearlman & J Tintanalli 1998. McGraw Hill. 503-512