Pelvic Pain

I)

Acute Pelvic Pain:

Sudden in onset associated with vomiting ... Diaphoresis and apprehension.
Less Than 7 days in duration.
x Delay in diagnosis and treatment increase the morbidity and even mortality.

Causes

1) Gynecologic:
- adnexal accidents: ovarian cyst torsion, rupture, hemorrhage
- Acute infections (eg) endometritis, PID), T.O. abscess
- Pregnancy complications (ectopic preg, abortion)
- Torsion or Degeneration of fibroid. Ovarian hyperstimulation syndrome.

2) nongynecological
- GIT: Enteritis or intestinal obstruction. appendicitis · Crohn's disease.
- Genitourinary · cystitis, ureteral stones, urethral syndrom Pyelonephritis
- Other: Pelvic Thrombophlebitis, Vascular aneurysm, Porphyria.

Obstetric: · Labor, uterine Rupture, Abruption, Endometritis · Ovarian vein Thrombosis · Diastasis of Symphysis · pubis

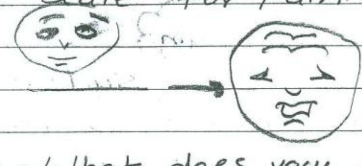
History:
age, Parity, When pain started, Where, Radiation How much, character, Relation To The Period Cyclic, Duration, Constant, intermittent, What makes it better or worse, dysparunia, Lmp. STD, affect your Life, depression, drugs Physical or Sexual abuse, Surgery, Contraception. Any treatment for the pain. Any medical illness. Symptoms related ← GIT Urinary. musculoskeletal neurological
· Partner violence, sleep and appetite

xx What Do you believe or fear is the Cause of pain? (asking The Patient)

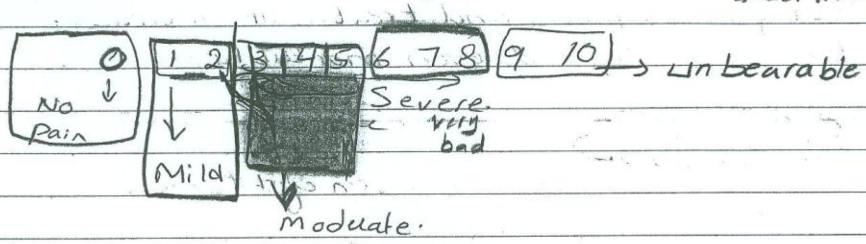
A) Visual analogue Scale for Pain.

. No pain.

, Worst Pain



B) Numerical rating. What does you pain feel like?



c) Verbal rating scale.

- History give Time "adequate), Listen. believe Them
  Explain (better doctor - patient relation ship.)

- Examination:
  - gently. Temp(↑) pulse ↑ or ↓ B.P
  - pt asked To point To Exact location.

inspect, palpation. (any ecchymosis, scars, hernias, masses

- severity of Pain 0 — 10.
- gently pelvic ex : Symp. p. Tenderness, Bartholin
  , Tender Retroverted Fixed uterus with nodularity. (Endometriosis)
  • bilateral, Tender irregular adnexal structures. (PID.
  • Prolapse uterus: pressure
    Pain
    backache

, Examination of abdominal pain:
  Fingertip To Examine each Dermatome in abdominal wall + back. if Tenderness "jump signs" → marked with a pen.
  ask pt To raise The legs To Tense The muscles if Still Tender or More Tender / abdominal pain. inject 0.25 % bupivacaine if 50% of Pain ↓ → confirm

BS ↑ ve
GE
Entes obstr
BS -ve
ileus due Peritonitis

Causes:

Gynaecological:

Endometriosis, adenomyosis, chronic PID, Ovarian cysts, neoplasia, adhesions: Residual ovary syndrome
Trapped = =

B)
GIT:
Adhesions, constipation. IBS. inflamm. B. disease.
Diverticular Disease, Appendicitis. CA Colon.

C)
Urinary: UTI. Calculus. interstitial cystitis

Others:

Psychological.
Degenerative joint disease.
musculo skeletal.
Hernias (ventral, inguinal, femoral)
abdominal cut nerve entrapment.

* We have To R/o unusual Dx
Hernia
Retro. P Tumors
musculo skeletal

Chronic Pelvic Pain (CPP)

- 10% of referral To gynaecologist and Common Indication For Diagnostic and Theraputic surgery.

- 20% of all hystrectomies
- 40% of all Laparoscopies Per year.

- Defined:
  intermittent or Constant Pain in the Lower abdomen or pelvis of a women of at Least 6 months in dulation.
  - not occuring Exclusively with menstruation or intercourse and not associated with Pregnancy. has a significant effect on daily function and quality of life.
- heavy economic and social burden
- The Aim: accurate Diagnosis + EFFective Managment from the first presentation
  - To Reduce Disruption of Woman's life
  - : : Referral, investigations, Operation.

- Identify Contributory factors Than assign a single pathology.

I) Endometriosis + adenomyosis:
Pelvic pain varies with Mens. cycle → Hormonally driven condition

Pain ↑ 2 days before menses.

- 2° Dysmenorrhea
- Dyspareunia
- Chr. P. Pain

** Pelvic Venous Congestion syndrome.
Pain, Pressure, heaviness.
Dilated veins Pelvis.
Suppression ← Progestogens / GnRH } improve Symptoms.

x Uterine Anomaly with obstruction.
x Fibroid: Degenerating.
Pedunculated submucous fibroid.
Subserous with Pedicle.
x Asherman syndrome.

II) Adhesions:
Causes: Surgery, Endometriosis, infection
Pain ↑ with sudden movement & intercourse.
Division of Dense vascular adhesions improve the symptoms.
x Residual Ovary Syndrome: Small ovarian tissue left buried in adhesions. (Ovarian cysts bleeding).
x Trapped Ovary Syndrome: Retained ovary buried in dense adhesions → Distend the Capsule.

- Interstitial cystitis (Painful bladder syndrome) → Chronic inflamm of bladder → Frequency, urgency.
- bladder CA
- Chronic urethral syndrome.

• Nerve entrapments
Surgery — Pfannenstiel
Hernial repair
Laparoscopy.

nerve entrapment in Scar Tissue, fascia or narrow foramen
Highly localised Sharp Stabbing or aching
Pain ↑ by movement, Persist > 3 weeks
Rx:
Local ⇒ improve pain
Corticosteroid Locally.

Psychological + Social issues

• Depression } maybe result of CPP.
Sleep Disorders }

• History childhood physical or Sexual abuse.
→ Lead To adult hood CPP.
• Partner violence
Rx:
History
Ex.
• Daily pain diary X 2-3/12.
• Referral: Gastro G
Urologist
genitourinary Mconc
Physiotherapy
Psycho Sexual Counsellor.

investigation

CBC with diff. ESR (not specific ↑ in any inflammatory P.)
Preg. T.
Pelvic U/S: CT abdomen + Pelvis.
Screening STD: Chlamydia, Gonorrhea } nucleic acid amplification Tests.

TVS: Diagnosis of endometriosis (but Not peritoneal)
Fibroids. hydrosalpinx
adenomyosis

2nd line Laparoscopy: peritoneal endometriosis adhesions.

CA 125: if symptoms persists
or = = Frequ (> 12 Times/month
? IBS Symptoms Particulary if Women > 50 years.

Rx
Hormonal Rx. If cyclic Pain.
if Dx failed → Laparoscopy

IBS → Antispasmodics. Diet control.

Pain Management Team.
NSAI
Acupuncture..