

Pelvic Pain: Diagnosis and Management



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History

- LMP
- Dysmenorrhoea / Dyspareunia
- Cyclical pain related to menstrual cycle
- Radiation to lower back / thigh

- Acute / chronic

Examination

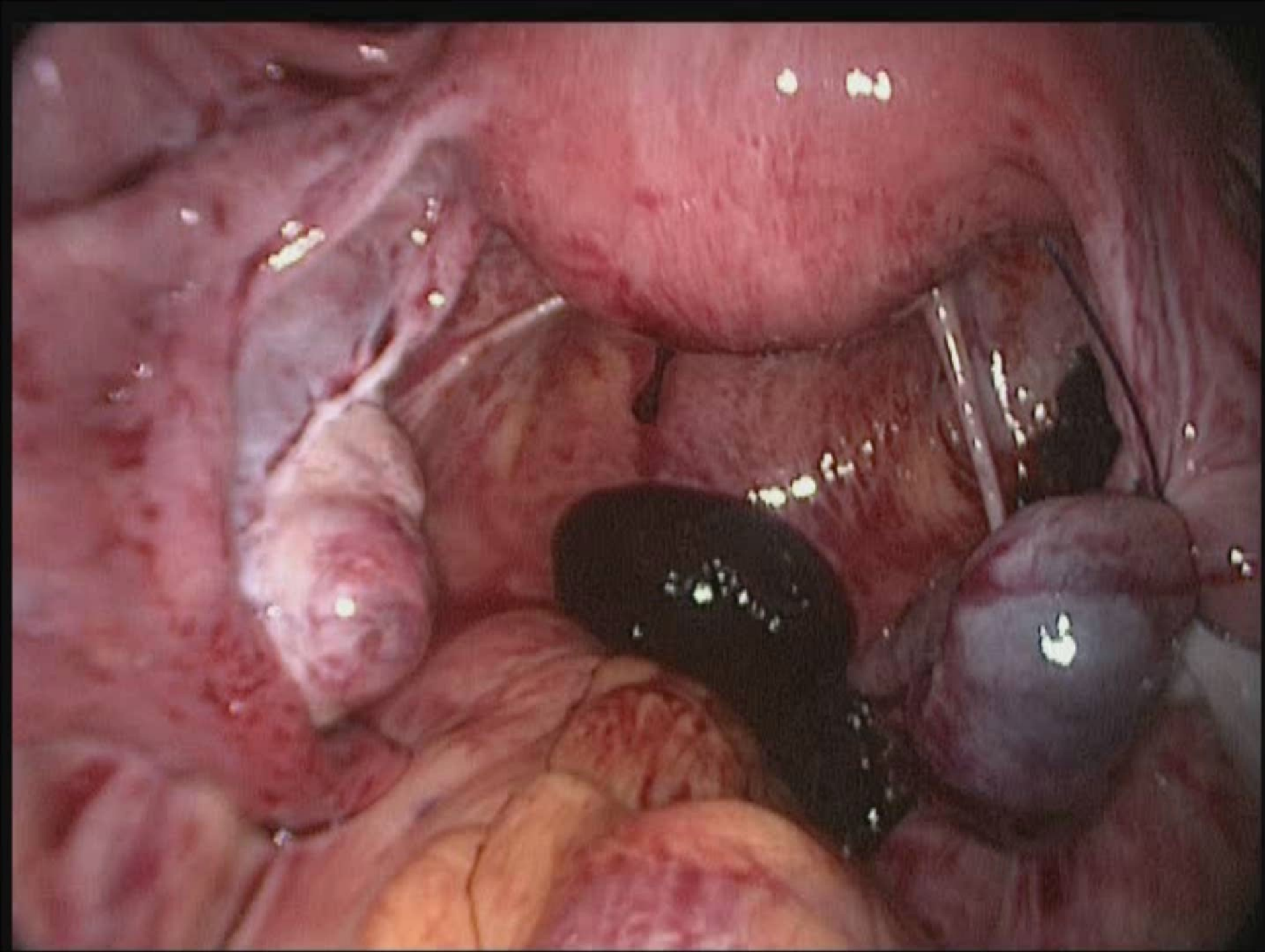
- Abdominal / Speculum / Bimanual
- Pregnancy test
- STI screen
- Ultrasound scan

Acute pelvic pain: Gynae causes

- Young women: (always do a pregnancy test)
 - Ectopic pregnancy
 - Ovarian cyst accident
 - Infection
- Older women
 - New onset of pelvic pain in women over 45 is a significant symptom of ovarian cancer

Ectopic Pregnancy

- With early scans, acute presentation of ruptured ectopic has become uncommon
- Diagnosis: BHCG >1000 with empty uterus
- Timing of rupture: around 9 weeks
- Risk factors: Previous ectopic, endometriosis, adhesions, PID (Chlamydia), infertility, tubal surgery



PID

- Bilateral pain
- Associated with vaginal discharge, fever, cervical excitation, adnexal masses/tenderness, raised WBC/CRP
- Remove IUCD if present, triple swabs, consider USS if TO masses suspected
- Antibiotics:
 - Oral: Ofloxacin 400 mg BD plus oral Metronidazole 400 mg BD x 14
 - IM: ceftriaxone 500mg single dose, followed by oral doxycycline 100 mg BD plus metronidazole 400 mg BD x 14 days

Ovarian cysts

- Pain because of bleeding / torsion / rupture
- Three types: Functional / Benign / Malignant
- USS characteristics important:
 - Size / complexity / irregularity / bilateral / doppler / free fluid
- In women <45, simple 6cm cyst: Repeat USS 6wks
- If suspicious features / older women / persistent simple cyst: CA125 + Refer



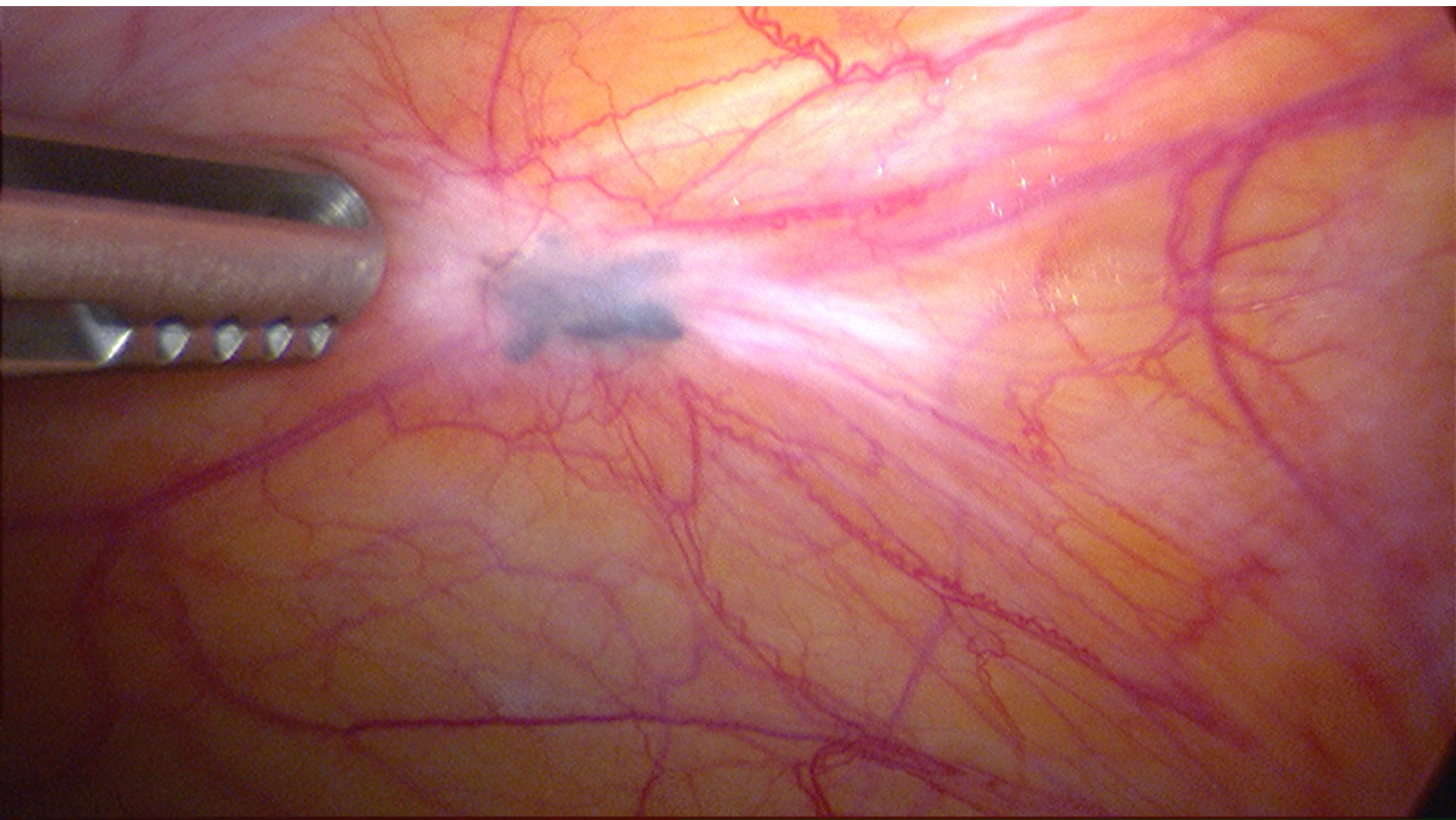
Mittelschmerz

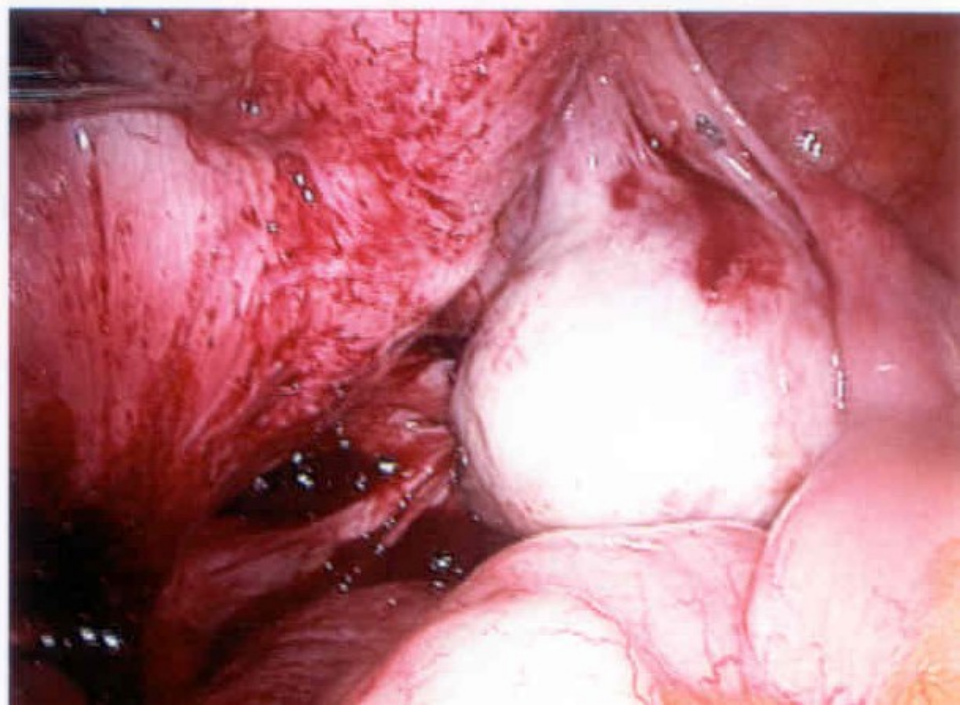
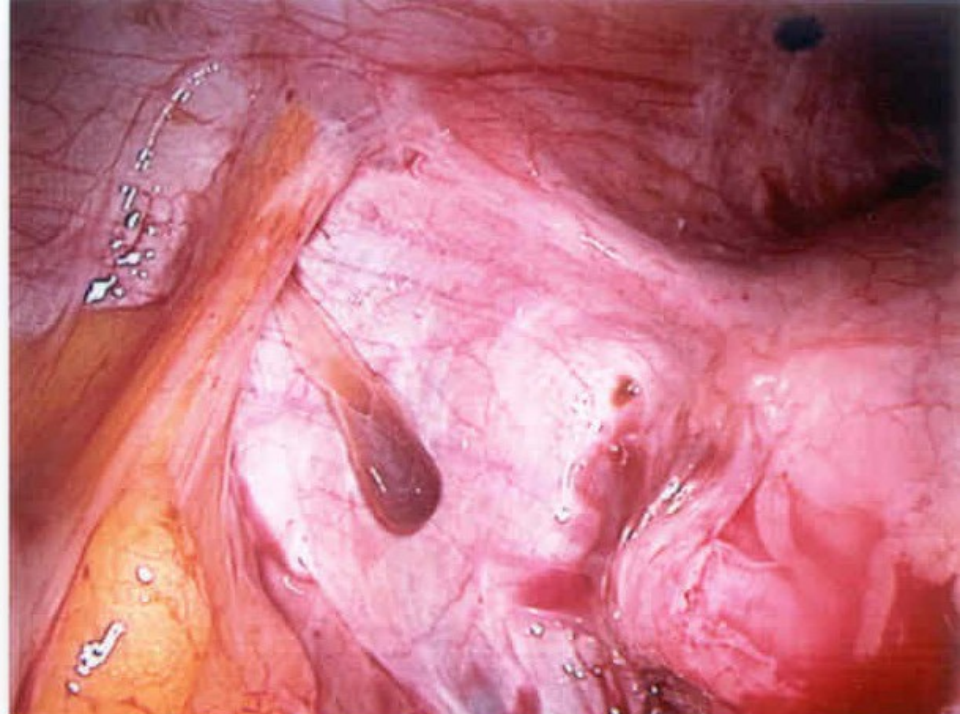
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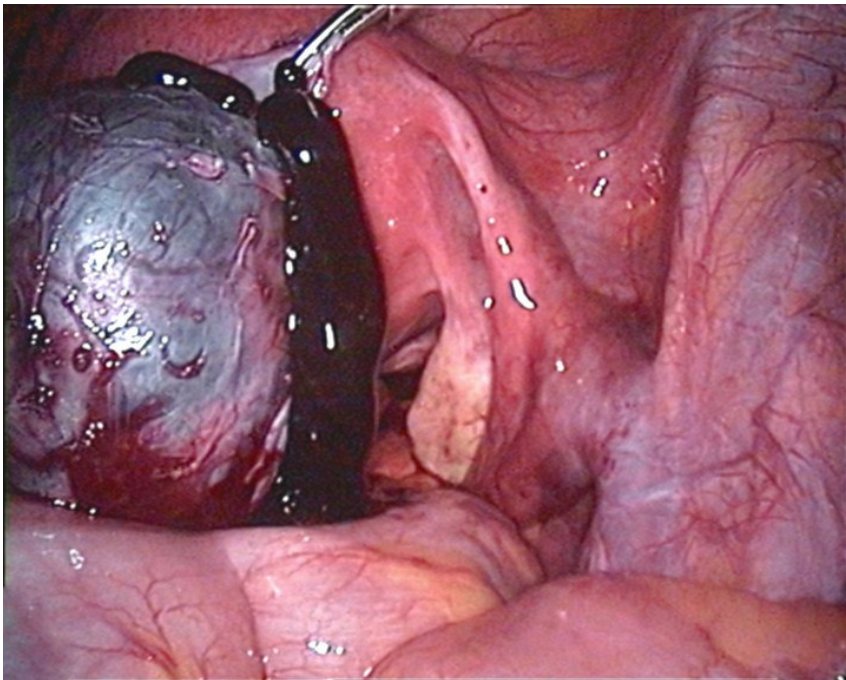
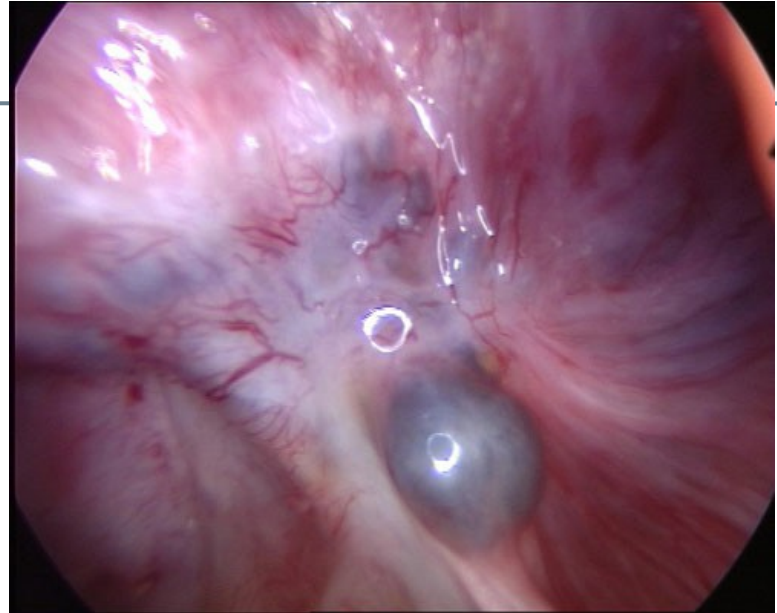
- Mid-cycle pain
- Unilateral
- NSAIDs
- OCPs

Endometriosis

- Ectopic endometrium
- Common sites: POD, Uterosacral ligaments, ovaries, pelvis, bowel
- Classical symptoms: Dysmenorrhoea + Dyspareunia
- Examination: Uterosacral nodularity in post fornix, adnexal tenderness, occasional RV fixed tender uterus
- USS: Useful if ovarian endometrioma present
- Laparoscopy: Diagnostic + Surgical treatment
- Medical Treatment: Pseudopregnancy (Tricycle OCP) OR Pseudomenopause (GnRH analogues) regimens







Chronic Pelvic pain

- Affects one in six women
- Frequently more than one component to chronic pelvic pain.
- Assessment should aim to identify all contributory factors rather than a single cause.

Cyclical pain

- Cyclical pelvic pain may be due to variety of hormonally driven conditions
 - Endometriosis: Cardinal symptoms of dysmenorrhoea, dyspareunia and pelvic pain
 - Adenomyosis
 - Pelvic venous congestion
 - IBS: Pain perception may vary with cycle

Chronic Pelvic pain

- Women with Chronic Pelvic Pain often have:
 - Irritable Bowel Syndrome 50%
 - Interstitial Cystitis 38-84%
 - Musculoskeletal pain 75%

Irritable bowel syndrome

- Symptom-based diagnostic criteria (98% positive predictive value)
 - At least 12 weeks of continuous or recurrent abdominal pain associated with at least two of the following:
 - Pain relieved with defecation
 - Associated with a change in frequency of stool
 - Associated with change in appearance or form of stool

Adhesions

- Adhesions may be a cause of pain, particularly on organ distension or stretching.
- Cause: Endometriosis, surgery, infection.
- Dense vascular adhesions are more likely to cause pain.
- Division often relieves pain.
- Trapped ovary syndrome: Known cause of pain after hysterectomy.

Psycho-social issues

- Depression
- Sleep disorder
- Sexual or physical abuse
- Social issues

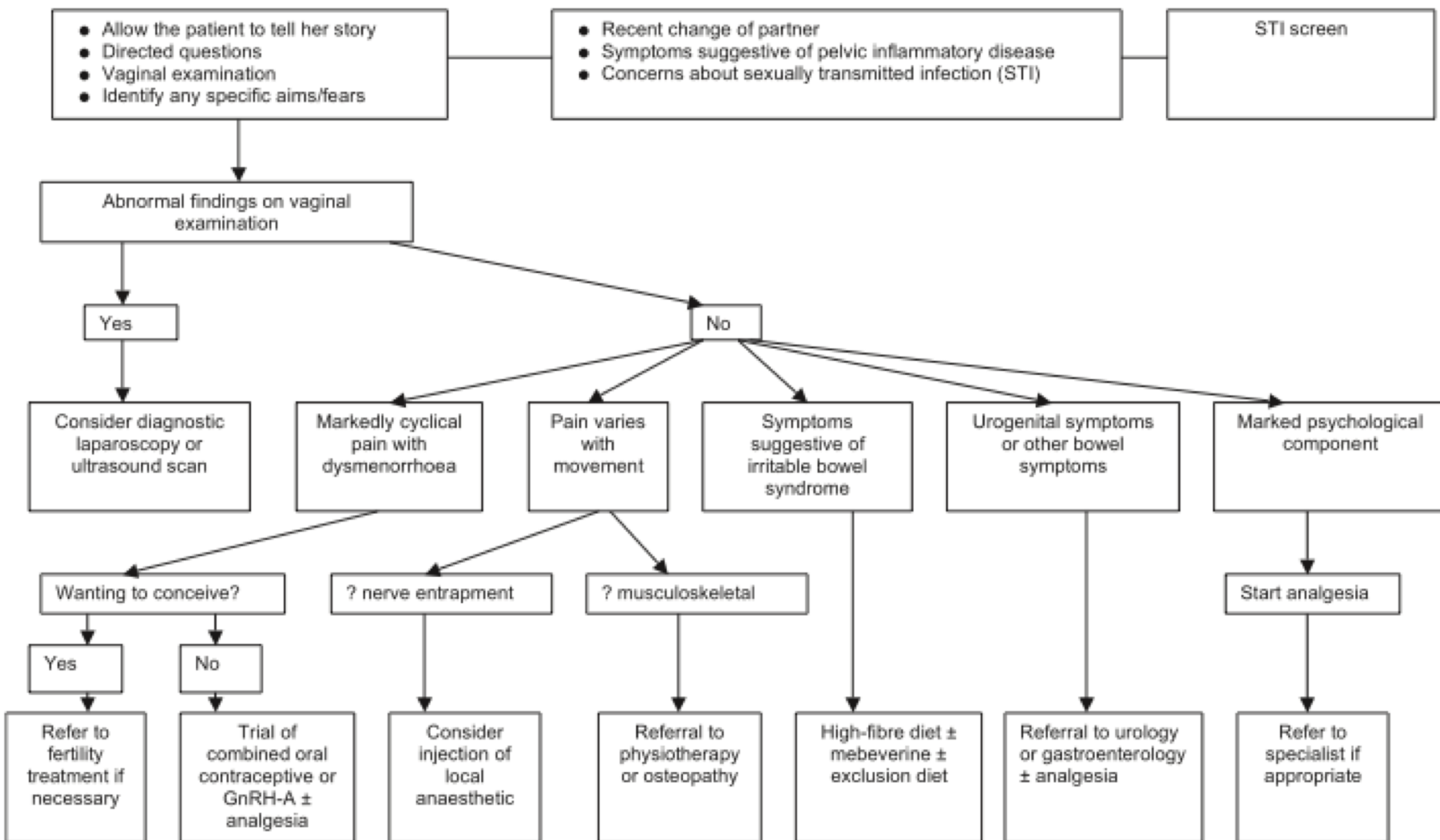
Approach

- Many women are looking for an explanation for their pain.
- Initial history should include:
 - Pattern of the pain
 - Association with other problems (bladder, bowel, psychosocial)
 - Effect of posture on the pain
 - If appropriate ask re sexual abuse / domestic violence
 - Pain diary for 2-3 cycles

Investigations

- Sexual health screen
 - Transvaginal Ultrasound Scan
- Adnexal masses and endometriomas
 - Adenomyosis
- Diagnostic Laparoscopy
 - Only test to diagnose endometriosis and adhesions

Flowchart for the suggested management of chronic pelvic pain



Management Options

- Treatment of cause
- If idiopathic: Reassurance + Simple analgesia
- Most women with chronic pelvic pain will benefit from OCP
 - Dysmenorrhoea
 - Ovarian Cysts
 - Endometriosis

Thank you!



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