



## Chapter 33 - Acute Pelvic Pain in Women

### Episode overview:

- 1) List 8 diagnoses of pelvic pain in women that are of reproductive tract origin
- 2) List 3 causes of pelvic pain in the pregnant patient who is:
  - Fewer than 20 weeks pregnant
  - Greater than 20 weeks pregnant

### WiseCracks:

- 1) List 6 life threatening causes of acute pelvic pain in women
- 2) Outline a systematic approach to acute pelvic pain in women
- 3) List 6 risk factors for ectopic pregnancy

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### Rosen's in Perspective

A patient presenting with acute pain from pelvic pathology is common, manifesting as:

- Diffuse pain
- Lower abdominal pain
- Pelvic pain
- Low back pain

It is important to recognize that a patient with chronic pelvic pain may also have an acute process, either related to the chronic condition or arising *de novo*. The female pelvis contains:

- Vagina
- Uterus
- Fallopian tubes and Ovaries
- Ureters and Urinary bladder
- Sigmoid colon and rectum

Inflammation, distention, ischemia of these organs or the spillage of blood, pus, or other material into the pelvis can drive pain. This is often *difficult to localize* because the pain is often *visceral* from the common afferents supplying the organs.



## Questions

- 1) List the 8 diagnoses of pelvic pain in (non-pregnant) women that are of reproductive tract origin?

### Reproductive Tract

Mechanical	Infectious	Neoplastic	Dx of Exclusion
Ovarian torsion Ovarian cyst Uterine perforation	PID Salpingitis Endometritis Tubo-ovarian abscess	Endometriosis Fibroids Neoplasm	Dysmenorrhea

- 2) List 3 causes of pelvic pain in the pregnant patient <20 weeks or >20 weeks that is pregnancy related

#### 1st trimester

- Ectopic pregnancy
- Threatened abortion / non-viable pregnancy
- Ovarian hyper stimulation syndrome (think if IVF)

#### 2nd-3rd trimester

- Placenta previa
- Placental abruption
- Round ligament pain
- Braxston hicks

### WiseCracks:

- 1) List 6 life threatening causes of acute pelvic pain in women

#### Life threatening diagnoses NOT to miss:

- *PID*
- *Tubo-ovarian abscess*
- *Ectopic pregnancy*
- *Hemorrhagic ovarian cyst (ruptured)*
- *Appendicitis*
- *Bowel/uterine perforation*



## 2) Outline a systematic approach to acute pelvic pain in women

### Diagnostic approach

- Think
  - Reproductive tract / urinary tract / intestines / PREGNANCY
  - Hx and physical are insufficient to rule in or out pathology
    - ask about high risk sexual features
    - use of fertility treatments or surgery
  - Most acute serious pathologies have less than 48 hrs of pain
  
- Symptoms
  - Lateral pain = ovary or tube pathology
    - may also be appendix, diverticulitis or colic
    - benign: mittelschmerz, luteum cyst
  - Central pain = uterus or bladder pathology
    - PID, endometritis, dysmenorrhea, fibroids
  - Pain radiating to rectum = pooling of blood in the cul de sac
  - Diffuse pain = PID / infection / bowel pathology
  - LNMP hx is useful
  
- Signs
  - Abdominal and pelvic exam on all
  - Women > 20 weeks pregnant should have a recent U/S FIRST before pelvic

### Multiple Etiologies to Consider **\*\*think anatomically\*\***

#### Reproductive tract

- Ovarian torsion / cyst / TOA
- PID / Salpingitis / endometritis
- endometriosis / uterine perforation / fibroids / dysmenorrhea / neoplasm

#### Pregnancy related

- 1st trimester
  - ectopic pregnancy / ovarian hyperstimulation syndrome
  - threatened abortion / non-viable pregnancy
- 2nd-3rd trimester
  - placenta previa
  - placental abruption
  - round ligament pain / braxton hicks



### Intestinal tract

- Appendicitis / ischemic bowel / perforated viscus / IBS/IBD / etc.

### Urinary tract

- Pyelonephritis / cystitis / ureteral stone

### Vascular

- Septic pelvic thrombophlebitis / ovarian vein thrombosis / *sickle cell disease*

### Musculoskeletal

- Muscular strain/sprain / hernia / abdominal wall hematoma

### Neuro / Psych

- Abdominal migraine / herpes zoster / depression

### Lab tests and imaging

- Pregnancy test!
- Urine-analysis
- Hob, Hot, Rh status
- Ultrasound
- +/- CT scan (appendicitis / colic)

### Diagnostic algorithm

- See Rosen's pg. 270, but basically goes systematically through the various systems

### Empirical management

- ABCs MOVIE etc.
- Life threatening hemorrhage caused by:
  - ECTOPIC
  - Placental abruption
  - Hemorrhagic ovarian cyst

### 3) List 6 risk factors for ectopic pregnancy

- PID history
- Smoker
- Pelvic / tubal / ovarian surgery
- Prior ectopic pregnancy
- IUD
- Undergoing reproductive technology
- Heterotopic pregnancy:
  - 1:8000
  - 1: 100 in women with IVF / Fertility treatment