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A STUDY OF PELVIC PAIN IN WOMEN

Gynecology

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ABSTRACT

Background: Pelvic pain is not an uncommon complaint in women, and its diagnosis and management can be taxing at times. Acute pelvic pain is an emergency and requires prompt and selective investigations to deal with the condition. Treatment is either medical or surgical. Chronic pelvic pain can be very debilitating. In some rare cases even after extensive investigations, the diagnosis may not be arrived at and the treatment remains empirical. While chronic pelvic pain mainly affects women in the reproductive age group, acute pain can occur at all ages.

A Lot of our national resource has been spent on these problems and also a lot of national work hours are lost. The pathologies involved are also many. So this study tries to shed in some light.

KEYWORDS

Pelvic Pain, Women, Acute, Chronic, Investigations, Management.

Introduction:

Acute Pelvic Pain causes can be horizontally integrated depending on the age of the patient. Pre-menarche causes include congenital causes like haematocolpos and haematometra. Sometimes an Ovarian cyst and its complications like Torsion rupture haemorrhage and malignancy also would be a possibility[1]. In our country Abdominal tuberculosis is also quiet common for which thorough investigations need to be carried about. Non-gynaecological causes like In young adolescents, most acute pains are of non-gynaecological origin or gynaecological in origin.

Non-gynaecological Causes may be due to retention of urine in gynaecology occurs when a tumour gets impacted in the pouch of Douglas. Acute cystitis and bladder stone cause severe pain in the suprapubic region. A ureteric colic is felt along the ureter on one side. Gastrointestinal pain is often colicky and associated with gastrointestinal symptoms. Appendicitis can confuse the diagnosis, but the pain is localized in the right iliac fossa. Abdominal tuberculosis[4].

In menopausal and postmenopausal Women Pyometra occurs in endometrial cancer following radiotherapy, when the cervix gets stenosed or due to tubercular and senile endometritis. Retention of urine occurs in a menopausal woman due to bladder neck obstruction and requires drainage and appropriate management[5-9].

Chronic pelvic pain (CPP) refers to acyclical pelvic pain of more than 6 months duration. This type of pain has been a recognized symptom of organic lesions such as endometriosis, PIDs, adhesions and uterine fibroids. It is dealt with appropriate medical and surgical management.

Aims and Objectives:

To study the pelvic pain in women

Materials and Methods:

This study was done in 120 women who attended the clinics in the Department of OBG in KMC Mangalore, MAHE University.

Higtory and Clinical Examination of the patient was thoroughly taken.

Age. Parity and menstrual history were recorded. The mode of onset pain, its location, severity, duration and radiation to other areas were inquired into. The relation to menstrual history is important. History of fever, vomiting, diarrhoea as well as urinary symptoms are also relevant while making a clinical diagnosis. Clinical examination and relevant investigations were done.

The most common symptoms and signs were noted. The investigations that were carried were noted. The management was noted and the patient were asked to come back at specific intervals for follow up and the findings were noted.

Inclusion Criteria:

The patients were divided into three groups <15 years, 15- 45 years, and more than 45 years.

Exclusion Criteria:

Patients below 10 years and above 60 years were not included in the study to reduce the age related bias. The patients with neurological problems were not included in the study. The patients who were undergoing chemotherapy were not included in the study. Patients with connective tissue disorders were not included in the study.

All the statistical analysis were done using the SPSS (2015) California.

Results:

Table 1: Pain Chart (total number of patients n= 120)

Pain	Group 1	Group 2	Group 3
Dull	--	19	26
Sharp	3	32	01
Throbbing	1	30	08
Acute	4	70	31
Chronic	--	11	04
Referred Pain	--	09	17
Tenderness	2	38	12

Table 2: Test for Significance

Acuteness in Group 2	X-Value	Significance (p=<0.05)
70	0.623	Significant

Table 3: Most common diagnosis in each group (n=120)

Group	Inflammatory (Organs of Reproduction)	Benign (Organs of Reproduction)	Malignant (Organs of Reproduction)	Other GI and Renal Pathologies
Group - 1	01			03
Group - 2	08	59	06	08
Group - 3	20	02	11	02

Table 4: Test for significance

PCOD	X-Value	Significance (p=<0.05)
59	0.561	Significant

Table 5: Treatment of Choice: (n=120)

Treatment	Group 1	Group 2	Group 3
Anti - Inflammatory	4	08	20
Harmonal Therapy		59	11
Adjuvant Therapy		08	02
Surgical Therapy		06	11
Chemo/Radiotherapy		08	11

Discussion:

In this study Group 1 included 4 paients, Group 2 included 81 patients and group 3 included 35 patients.

Majority of the patients belonged to the age group of 15 years to 45 years.

Majority of the patients belonged to the 15-25 years age group.

When compared with that of the other studies, Prevalence rates for dyspareunia, dysmenorrhoea, and abdominal pain found in UK community-based studies were 8%, 45%, to 97%, and 23% to 29%, respectively, but definitions used varied greatly[7].

Women with chronic pelvic pain and variable degrees of endometriosis demonstrate altered pain sensitivity relative to pain-free healthy women in a control group and whether such differences are related to the presence or severity of endometriosis or comorbid pain syndromes[8].

In four years, there were 34 346 cases of surgery or inpatient admission for chronic pelvic pain amounting to $100.5 million with an average cost of $25 million per year. Pelvic and perineal pain accounted for 61.5% (n = 21 127) of the cases, while dysmenorrhea accounted for 31.8% (n = 10 936), and dyspareunia accounted for 6.6% (n = 2283). The vast majority of the cases (92.9%, n = 31 923) were associated with surgical interventions, with the most common surgeries being hysterectomy (47.1%, n = 16 189), followed by laparoscopy (25.8%, n = 8850), adnexal surgery (6.8%, n = 2349), and other procedures (11.6%, n = 3968)[9].

History taking almost in majority of the cases pin-points the diagnosis. Pelvic pain is common in reproductive years. The onset, type, duration and location of pain will provide guidance to the probable cause of the pain. Radiation of pain and its relation to menstruation is important. Obstetric and sexual history are significant. History of intrauterine contraceptive device suggests pelvic infection. Associated urinary and bowel symptoms should be inquired into. Some women with chronic pelvic pain also complain of dysmenorrhoea and dyspareunia. Past history of tuberculosis and psychiatric problem will help. History of cancer in the family will suggest probable cancer phobia in the woman. General examination will reveal majority of the disease. A firm diagnosis and cause of pain cannot always be elicited clinically. Ultrasound,CT,MRI, diagnostic laparoscopy, Doppler ultrasound for pelvic congestion. urine tests. barium enema, colonoscopy. sigmoidoscopy, radiography of joints and intravenous pyelography (IVP) will be needed in accordance with the patient's history and examination.

Conclusion:

There are a plethora of pathologies that can cause a pelvic pain in the female patient. Prompt Management which include the correct diagnosis and treatment for the cause is the need of the hour.

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