

Abdominal masses and pelvic masses

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Rationale

Abdominal or pelvic masses may be noted on physical examination or discovered incidentally on imaging. It is imperative for a physician to determine which masses require immediate investigation and treatment, and which can be safely monitored.

Causal Conditions

(list not exhaustive)

- Gastrointestinal
 - a. Neoplasms (e.g., gastrointestinal tumours—colon, liver, gastrointestinal stromal tumour)
 - b. Inflammatory/infectious (e.g., hepatitis, pancreatitis)
 - c. Other (e.g., pancreatic pseudocyst)
- Genitourinary
 - a. Neoplasms (e.g., ovarian, uterine, renal, bladder, prostate)
 - b. Gynecologic (e.g., ovarian cysts, ectopic or normal pregnancy, leiomyoma)
 - c. Urologic (e.g., hydronephrosis, renal cysts, urinary retention, benign prostatic hypertrophy)
- Lymphatic
 - a. Neoplasms (e.g., splenic tumours, leukemia, lymphoma)
 - b. Inflammatory/infectious (e.g., infectious mononucleosis, malaria, sickle cell anemia)
- Endocrine

- a. Neoplasms (e.g., adrenal, pancreatic, neuroblastoma)
- Vascular (e.g., abdominal aortic aneurysm)
- Abdominal wall masses (e.g., sarcoma, lipoma)

Key Objectives

Given a patient with an abdominal or pelvic mass, the candidate will complete a relevant history and physical examination, and order pertinent investigations to determine the most likely diagnosis. The candidate will initiate an appropriate management plan. In particular, the candidate should recognize the features of a mass and any associated findings that indicate the need for immediate intervention.

Enabling Objectives

Given a patient with an abdominal or a pelvic mass, the candidate will

- list and interpret critical clinical findings, including
 - a. systemic symptoms and signs related to the mass (e.g., weight loss, hypertension, menstrual irregularity); and
 - b. results of an appropriate physical examination aimed at determining the likely cause of the mass;
- list and interpret critical investigations, including laboratory and imaging tests (e.g., ultrasonography, computed tomography of the abdomen or pelvis, tumour markers); and
- construct an effective initial management plan, including
 - a. determining whether the patient requires immediate intervention or referral for specialized care (e.g., abdominal aortic aneurysm); and
 - b. determining whether the patient requires serial monitoring (e.g., renal cyst).