

# Pelvic pain

## (February 2017)

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### Rationale

Acute pelvic pain may be secondary to a life-threatening condition. Chronic pelvic pain is one of the most common problems in gynecology.

### Causal Conditions

(list not exhaustive)

- Pregnancy related (e.g., ectopic, molar, abruption)
- Gynecological
  - a. Ovary (e.g., ruptured cyst, torsion)
  - b. Tube (e.g., pelvic inflammatory disease, endometriosis)
  - c. Uterus (e.g., leiomyoma, endometriosis)
- Other (dysmenorrhea, ovulation pain, dyspareunia)
- Systemic conditions
  - a. Urologic (interstitial cystitis, renal colic)
  - b. Musculoskeletal (fibromyalgia)
  - c. Gastrointestinal (irritable bowel, diverticulitis, inflammatory bowel disease, hernias)
- Mental health issues
  - a. Depression, somatization
  - b. Sexual, physical, and psychological abuse/domestic violence

### Key Objectives

Given a female patient with pelvic pain, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management plan. In particular, the candidate will identify patients with acute pain caused by a life-threatening condition, will determine whether pregnancy is likely, and will provide stabilization for those patients who are hemodynamically unstable.

## **Enabling Objectives**

Given a female patient who presents with pelvic pain, the candidate will

- list and interpret critical clinical findings, including
  - a. determining if urgent stabilization is required;
  - b. performing a history and physical exam to determine the underlying cause (e.g., menstrual history, pelvic and speculum exam);
- list and interpret relevant investigations, including
  - a. a pregnancy test, if indicated;
  - b. appropriate diagnostic imaging testing (e.g., pelvic ultrasound);
- construct an effective initial management plan, including
  - a. stabilization of the patient and consideration of need for emergency surgery;
  - b. appropriate treatment of the underlying condition (e.g., dysmenorrhea, pelvic inflammatory disease);
  - c. recommending appropriate non-pharmacologic and pharmacologic treatment for chronic pelvic pain;
  - d. counseling the patient regarding the prevention of sexually transmitted infections;
  - e. determining whether the patient requires specialized or urgent gynecologic care.