

Chronic pelvic pain

Laparoscopic and cystoscopic findings

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ABSTRACT

Objective: To study the laparoscopic and cystoscopic findings in women with chronic pelvic pain referred to the Gynecology Clinic at Sultan Qaboos University Hospital.

Methods: Women referred to Sultan Qaboos University Hospital, Sultanate of Oman from October 1998-September 2000 with pelvic pain of more than 6 months duration were clinically evaluated. Laparoscopic examination was always combined with cystoscopy. Bladder biopsy was performed only if there were doubts regarding the nature of pathology that was found.

Results: The mean age of the patients was 31 years and mean parity was 3.0. The minimum duration of symptoms was 6 months, but one 3rd of the patients had pain for

more than 2 years. Bladder symptoms were present in 50% and bowel symptoms in 25% of patients. Laparoscopic examination revealed pathological findings in 80% of the cases. Adhesions of the omentum to the uterus or to the laparotomy or laparoscopy scar were the most common pathology (50%). Cystoscopy revealed one case of trigonitis and one case of cystitis.

Conclusion: Pelvic adhesions were the most common cause of pelvic pain in our study group. Cystoscopy was normal in most of the patients.

Keywords: Psychiatric referrals, psychopathological symptoms, psychiatry training.

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Chronic pelvic pain in women, defined as nonmalignant pain in the lower abdominal region of at least 6 months duration, is a common condition.¹ Chronic pelvic pain is notoriously difficult to assess and women who consult their general practitioners for this problem may be labeled with a variety of diagnoses, including irritable bowel syndrome, cystitis, pelvic inflammatory disease, and endometriosis.²⁻⁴ Pelvic pain may be also due to lower urinary tract infection, interstitial cystitis and schistosomiasis of the bladder.⁵⁻⁶ We carried out a prospective evaluation of 49 Omani women with chronic pelvic pain referred to Sultan Qaboos University Hospital (SQUH) from October 1998-September 2000.

Methods. Women referred to SQUH Gynecology Clinic for lower abdominal pain of 6 months duration or more were first evaluated clinically. After general and gynecological examination, the following investigations were routinely performed: midstream urine culture, vaginal swab, endocervical swab for chlamydial infection, Papanicolaou smear from cervix, ultrasound of abdomen and pelvis. When diagnostic laparoscopy was planned cystoscopy was also carried out at the same time to examine any bladder pathology. Laparoscopy and cystoscopy were performed using Storz fibre optic equipment. Bladder biopsy was performed only if there was doubt about the nature of pathology that was found. Division of pelvic adhesions, cyst

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Table 1 - Types of surgery and chronic pelvic pain.

Type of surgery	n (%)
Appendectomy	12 (23)
Lower segment cesarean section	5 (10)
Tubal ligation	3 (7)
Ectopic pregnancy (laparoscopy/laparotomy)	4 (8)
Surgery for renal stones	2 (5)
Cholecystectomy	1 (2.5)
TOTAL	49 (100)

aspirations and biopsy of pelvic organs at the time of laparoscopy were performed.

Results. All the patients were Omani. The mean age group of the patients was 31 years and mean parity was 3.0. Minimum duration of symptoms was 6 months and maximum 5 years. One 3rd of the patients had symptoms for more than 2 years. Dyspareunia was present in 31% and dysmenorrhoea in 33% of patients. Almost 30% of women were taking non-steroidal anti-inflammatory drugs for pain relief. Bladder symptoms in the form of dysuria, frequency and urgency were present in 50% and bowel symptoms in 25% of patients. History of multiple admissions to hospital was reported by 7.5% of women. Social and family problems were admitted by 18% of the women and 15% were divorced. Appendectomy was the most common type of previous surgery (Table 1). Ultrasound of abdomen and pelvis was normal in most of the patients. Chlamydia infection was found only in one patient. Laparoscopic evaluation found pathology in 80% of the cases. The laparoscopic findings are presented in Table 2. Adhesions of omentum to the uterus or laparotomy scar were the most common laparoscopic finding (53%). Endometriosis was revealed in 12% and pelvic inflammatory disease (unilateral or bilateral hydrosalpinges or tuboovarian

Table 2 - Laparoscopic findings and chronic pelvic pain.

Findings	n (%)
Adhesions (omentum)	26 (53)
Fibroid	5 (10)
Endometriosis	6 (12)
Pelvic congestion/varicosities	7 (12)
Fimbrial/Ovarian cysts	5 (10)
TOTAL	49* (100)*
*In some patients there was more than one positive finding at laparoscopy. So the total is not really reflective of the pathology in all patients. Only 80% of patients had a positive finding at laparoscopy.	

adhesions) in 14% of patients. Adhesiolysis was performed whenever feasible. Appendectomy was carried out in one patient.

Discussion. Our study demonstrates a very high incidence (80%) of pathology found at laparoscopic examination among women presenting with chronic pelvic pain. Thus we confirm the opinions of other authors, that laparoscopy is the main tool in the evaluation of women who present this problem.⁶⁻⁸ We found adhesions between omentum and uterus or previous laparotomy/laparoscopy scar to be the most common laparoscopic finding in our study group, this confirms previously published data.⁹ Pelvic inflammatory disease was uncommon in our patients in contradiction to other studies in which it was the most common finding,^{6,7} most probably attributed to the very high moral standards of Omani women. Bladder pathology was found only in 2 cases, but this supports the approach of some gynecologists who include cystoscopy in the investigation of chronic pelvic pain.⁶ A great deal of work has been carried out on the psychopathology of women with chronic pelvic pain.¹⁰ Only 17.5% of our patients admitted some social or family problems. It is important not to label these women "neurotic" without good evidence.

In conclusion our study shows that pelvic adhesions are the most common finding in Omani women presenting with chronic pelvic pain.

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