Unit 3: Gynecology
Section A: General Gynecology

Educational Topic 39:
Chronic Pelvic Pain

Rationale: Chronic pelvic pain may be a manifestation of a variety of gynecologic and non-gynecologic conditions

Intended Learning Outcomes:

A student should be able to:

• Define chronic pelvic pain
• Define the prevalence and common etiologies of chronic pelvic pain
• Describe the symptoms and physical exam findings in a patient with chronic pelvic pain
• Discuss evaluation and management options for chronic pelvic pain
• Discuss the psychosocial issues associated with chronic pelvic pain

TEACHING CASE

CASE: A 24 year-old G0 woman presents to you as a self-referral for pelvic pain. She describes a four-year history of intermittent lower abdominal and pelvic pain that is now constant in nature. The pain is always present, sometimes sharper in the left lower quadrant and not related to menses. She has occasional nausea and is sometimes constipated. Nothing makes the pain better or worse. Over the years, she has used acetaminophen and ibuprofen, and has not found any relief and reports that this pain is making her life miserable. She is otherwise healthy and denies smoking. She reports menarche at age 13 and has regular cycles. She experiences occasional premenstrual bloating and cramps, and reports discomfort at other times of the month. She had a trial of oral contraceptives, which only minimally improved symptoms and a laparoscopy that was normal. She has never been sexually active, and upon further questioning reports that her oldest brother sexually abused her as a child. On physical examination, she has a somewhat flattened affect, but smiles occasionally. Trapezius and paraspinal muscles are tender on palpation with no costovertebral angle tenderness. Abdomen is soft with two well-healed laparoscopic incisions, and mild tenderness to deep palpation in the lower quadrants. Pelvic examination including rectovaginal examination is entirely normal except for mild bilateral adnexal tenderness.
COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:
Competencies addressed:
- Patient care
- Medical knowledge
- Systems-based practice

1. What is chronic pelvic pain? How often does it affect women?
   - Chronic pelvic pain can be defined as pain, usually non-cyclic, of 6 months duration that localizes to the anatomic pelvis, anterior abdominal wall at or below the umbilicus, the lumbosacral back, or the buttocks. It must also be of sufficient severity to cause functional disability, interfere with normal activities, or lead to medical care.
   - Chronic pelvic pain is under-recognized, but may affect 15 - 20% of reproductive-aged women. It accounts for a large proportion of office visit time and many invasive surgical procedures.

2. What is your differential diagnosis for this patient, and what are the potential causes of chronic pelvic pain?
   - The causes of chronic pelvic pain can be categorized into gynecologic and non-gynecologic etiologies.
   - Possible gynecologic causes include endometriosis, adenomyosis, chronic pelvic infection, adhesions, adnexal mass or fibroids.
   - Possible non-gynecologic causes include gastrointestinal disorders, urinary problems, musculoskeletal disease, rheumatologic conditions, pain-processing disorders, and psychiatric/psychological causes.
   - The most common causes are endometriosis, adhesions, irritable bowel syndrome, and interstitial cystitis.
   - A thorough medical, surgical, menstrual and sexual history must be obtained in order to determine the possible causes. This includes social and family history, as well as work and home status. Patients also need to be queried about physical and sexual abuse, or any history of substance abuse.

3. What are the symptoms and physical examination findings associated with chronic pelvic pain?
   - The description including quality, severity, location and timing of symptoms are critical in helping determine the causes of chronic pelvic pain.
   - Patients present to different specialists based on their symptoms and their belief of what is causing the pain. Gastrointestinal diseases may cause symptoms such as nausea, vomiting, bloating or changes in bowel habits. Urinary tract disorders may cause dysuria, urgency or vague pelvic discomfort. Fatigue, sleep disturbances, or mood disorders may be related to fibromyalgia or depression. Cyclic pain may suggest a gynecologic etiology.
   - A thorough physical examination must be conducted with special attention paid to the location of the pain. This includes a complete abdominal and pelvic examination. Musculoskeletal disorders can be determined by a thorough motor and sensory examination, with attention to the back, hips and legs.

4. What are the steps in the evaluation and management of chronic pelvic pain?
   - Pain journal is recommended to help determine the frequency, timing, and potential contributing/alleviating factors of the patient's pain.
   - Cervical cultures, urine culture, and specific blood tests may be collected.
   - Diagnostic studies may include: ultrasound, laparoscopy, cystoscopy, and/or sigmoidoscopy/colonoscopy. At the time of laparoscopy, 1/3 of patients will have no identifiable pathology identified.
   - Consultation with specialists including gastroenterologists, urologists, anesthesiologists, orthopedists, so-
• Management is directed at the possible cause of the pain and may include medications (antibiotics, combined oral contraceptives/hormonal therapies, tricyclic antidepressants/SSRIs, analgesics/NSAIDs, local anesthetic injection of trigger points), lifestyle changes, physical therapy/exercise, biofeedback, counseling, and surgery (excision or destruction of endometriotic implants, hysterectomy, adhesiolysis, nerve stimulation, presacral neurectomy, and uterine nerve ablation). Approximately 75% of women undergoing hysterectomy for what is believed to be gynecologic causes report relief of pain at 1 year of follow up.

• A normal laparoscopy does not completely rule out endometriosis, as the changes can be subtle and occasionally missed. Providers can consider an empiric trial of oral contraceptives or GnRH agonists after non-gynecologic causes have been ruled out. Some providers recommend a trial of antibiotics or NSAIDs for potential infectious causes. In the case of depression, whether overt or covert, antidepressants should be initiated.

5. The patient reports that the pain worsens when her older brother returns home for family holidays. What would be the psychosocial issues associated with chronic pelvic pain?

• Psychosomatic factors have a prominent role in chronic pelvic pain
• Studies have found that 40-50% of women with chronic pelvic pain have a history of abuse. Whether abuse (physical or sexual) specifically causes chronic pelvic pain is not clear, nor is a mechanism established by which abuse might lead to the development of chronic pelvic pain. Women with a history of sexual abuse and high somatization scores have been found to be more likely to have non-somatic pelvic pain, suggesting the link between abuse and chronic pelvic pain may be psychologic or neurologic. However, studies also suggest that trauma or abuse may also result in biophysical changes, by literally heightening a person’s physical sensitivity to pain.
• Patients may need to be seen regularly and provided much support. Co-management with a psychologist, social worker or therapist may be helpful.

REFERENCES
