HOSPITAL PHYSICIAN®

FAMILY PRACTICE BOARD REVIEW MANUAL

Pelvic Pain

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Pelvic Pain

Rebecca Williams, MD, and Tricia Hern, MD

PREFACE

The issue of women's health has received increasing attention in recent years. From the federal Office of Women's Health, to the federally funded Centers of Excellence in Women's Health, to statewide initiatives, to residency curricula, more attention is being paid to women as decision-makers and consumers of medical care. At the same time, concern has been raised about what physicians learn and practice when it comes to the care of their female patients.

Within the family practice setting, the majority of patients are women. Increasingly, they are a group of educated patients, expecting their family physicians to be aware of and sensitive to their specific health care concerns. Not surprisingly, a recent review of women's health topics on the family practice residency in-training examination revealed that approximately 20% of the questions pertained specifically to the care of women (R. Williams, oral communication, November 2001).

With this reality as a background, the *Hospital Physician Family Practice Board Review Manual* will devote Volume 6 of the series to issues of women's health. Specifically, the volume will cover the topics of pelvic pain, premenstrual syndrome, domestic violence, and amenorrhea—all common, often challenging problems encountered in family practice that predominantly involve women. Pelvic pain and amenorrhea are frequently presenting symptoms. In contrast, many patients may not report premenstrual syndrome, believing it is something they must tolerate. All too often, the patient living with domestic violence will report other symptoms and injuries but be too embarrassed to admit what home life is like. The goal of family physicians should be not only to care for obvious conditions but also to uncover any that lurk in the background, in order to provide optimal patient care.

The authors of each part of Volume 6 are residency faculty who teach and practice in the area of women's health. It is their collective hope that the information and clinical cases presented will provide useful knowledge for the board examination and future practice.

Elizabeth A. Burns, MD, MA
Series Editor

INTRODUCTION

Pelvic pain, whether acute or chronic, occurs in both men and women but is far more common in women. The female pelvis is a small, muscle-lined compartment crowded not only with the bowel and bladder but also with the uterus, fallopian tubes, ovaries, and distal ureters. Because many organs are contained in this small space, differentiating between the various causes of pelvic pain can be quite challenging.

The avenue by which to approach a female patient with pelvic pain depends on whether the pain is an acute issue or a chronic problem. With both acute and chronic pain, life-threatening etiologies must be considered first. With a careful and thorough evaluation, the family physician should be able to diagnose and manage the more serious and more common causes of acute and chronic pelvic pain.

ETIOLOGY OF PELVIC PAIN

GENERAL CONSIDERATIONS

Although gynecologic disorders should be primary in the differential diagnosis of pelvic pain in women, gastrointestinal, urinary, musculoskeletal, and psychological disorders also should be considered, as should postoperative conditions that can cause chronic pelvic pain. **Table 1** provides a limited differential diagnosis of pelvic pain. The causes of acute and chronic pelvic pain are discussed separately in ensuing paragraphs.

ACUTE PELVIC PAIN

Gynecologic Disorders

Ectopic pregnancy. In ectopic pregnancy, the fertilized egg implants in a location outside the uterus, such as the fallopian tube, ovary, cervix, or pelvis. In the United States, ectopic pregnancy occurs in approximately 2% of all pregnancies.[1] Risk factors for ectopic pregnancy include conditions that cause tubal injury or impaired tubal function. Tubal injury is suspected in women with a history of tubal surgery (including tubal ligation), pelvic

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