

A Diagnostic Dilemma: A Post-Menopausal Patient Presenting With Acute Lower Pelvic Pain

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Background: Ovarian torsion is a gynaecological emergency (1) However, diagnosis can be challenging due to varying pathologies presenting in a similar manner.

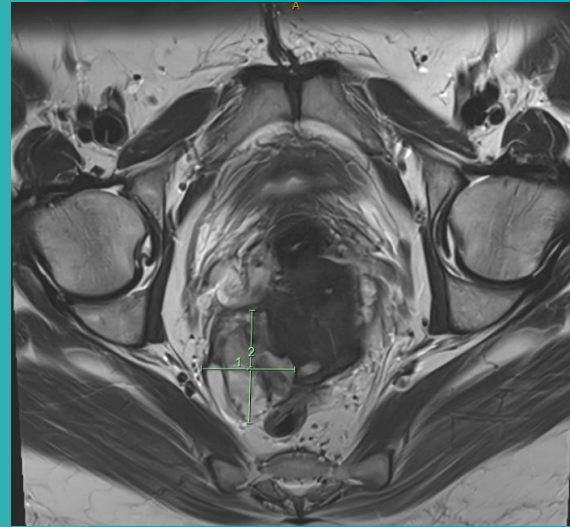
Aims: To demonstrate a case of suspected ovarian torsion. However, operative findings suggested severe endometriosis and a ruptured endometrioma causing her symptoms with subsequent imaging confirming deep infiltrating endometriosis.

Case: A 54 yo female presented to hospital with 3 days of acute left sided abdominal pain, nausea and vomiting. Her previous obstetric history included 2 vaginal deliveries. Her past gynaecology and medical history were unremarkable.

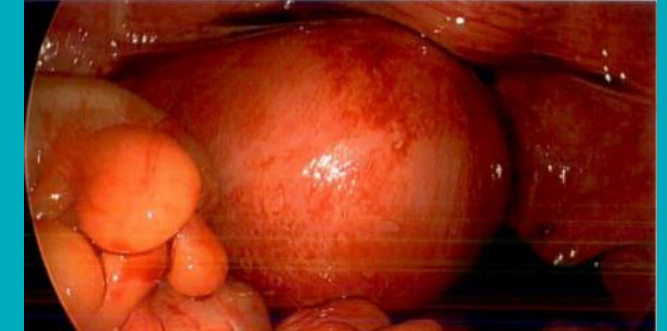
Initial bloods were significant for a WCC of 13 and CRP of 101 with normal tumour markers. CT findings were suspicious for a pelvic collection with a possible right-sided tubo-ovarian abscess, with free fluid. USS Pelvis confirmed a large R) adnexal complex mass approximately 63x41x36mm with moderate amount of fluid in the pouch of Douglas.

She was booked for a laparoscopic detorsion +/- cystectomy, and was managed with a diagnostic laparoscopy. Intraoperative findings revealed significant adhesions, a 'frozen pelvis', bilateral endometriomas and ruptured haemorrhagic cysts. The operation abandoned due to it being unsafe to proceed.

Post operatively: The patient was seen for a debrief and further discussion in clinic. By this point an MRI had also confirmed extensive deep infiltrating endometriosis with bowel involvement. The patient has opted for medical management of her symptoms with drospirenone and primolut to manage heavy bleeding.



MRI findings, intraop findings



Discussion: Rates of severe endometriosis in the female population are thought to be x percent but this statistic is likely to be much larger. More research needs to be focused on the non operative diagnosis and management of severe endometriosis, such as the new RANZCOG living with endometriosis guidelines.