

Research Journal of Pharmaceutical, Biological and Chemical Sciences

Role Of Laparoscopy In Diagnosis And Management Of Chronic Pelvic Pain.

Sagar Jadhav, and Rani Jadhav*.

¹Department of OBGY, Vedanta Institute of Medical Sciences, Dahanu - Jawhar Rd, Malyan, Dahanu, Maharashtra, India.

²Department of OBGY, PDBVPRMC, Loni, Maharashtra, India.

ABSTRACT

Chronic pelvic pain is a common medical problem affecting women. Too often the physical signs are nonspecific. This study aims at determining the accuracy of diagnostic laparoscopy over clinical pelvic examination. This prospective study involves 50 patients coming to gynaecology OPD of Dr.Mane Hospital, with complaints of chronic pelvic pain over a period of 2 years. The study cases had Cauterisation of endometriotic spots, 26.7% of the cases had Adhesiolysis, 20.0% of the cases had Exploratory laparotomy with ovarian removal of endometrioma as their mode of operative intervention. While 13.3% of the cases had exploratory laparotomy with ovarian cystectomy and laparoscopic cystectomy. 6.7% of the cases had laparoscopic drainage of hydrosalpinx as their mode of operative interventions. Thus, laparoscopy has a valuable role in the diagnosis and management of chronic pelvic pain.

Keywords: chronic pelvic pain, laparoscopy

<https://doi.org/10.33887/rjpbcs/2022.13.6.25>

**Corresponding author*

INTRODUCTION

Chronic pelvic pain is a common medical problem affecting women. Too often the physical signs are nonspecific. This study aims at determining the accuracy of diagnostic laparoscopy over clinical pelvic examination. Endometriosis, pelvic adhesions, chronic pelvic inflammatory disease and ovarian cysts are the diagnosis most commonly made via laparoscopy in chronic pelvic pain patients. In this study patient with chronic pelvic pain has to undergo diagnostic and if required, operative laparoscopy. Based on laparoscopy findings and final culture report of peritoneal fluid (if done in cases of PID) patients are treated. After treatment it is assessed how many patients are successfully treated and get relieved of their symptoms among women who have undergone laparoscopic based diagnosis and treatment.

Clinical diagnosis will be chronic pelvic pain before posting patients for laparoscopy and the treatment patient received before will be the treatment for Pelvic Inflammatory disease. The treatment offered after laparoscopy will be based on laparoscopic findings and report of peritoneal fluid culture and sensitivity (if done). Since it is a prospective study the response to the treatment will be analysed after the completion of study.

Aims And Objective

This study aims at determining the accuracy of diagnostic laparoscopy over clinical pelvic examination and its usefulness in management of patient based on laparoscopic findings and culture report of peritoneal fluid.

Objective of this study is to determine up to what extent laparoscopy will be useful in diagnosis and management of chronic pelvic pain.

MATERIALS AND METHODS

This prospective study involves 50 patients coming to gynaecology OPD of Dr.Mane Hospital, with complaints of chronic pelvic pain over a period of 2 years.

Age ranged from 19-48 years.

Table 1: Age wise Distribution Of Patients

Age in years	No. of Patient (N=50)	Percentage
20-30	18	36.0
30-40	27	54.0
>40	05	10.0

In this study group 54.0% of the total cases belongs to 30-40 years of age group followed by 36.0% 20-30 years and 10.0% belongs to > 40 years of age.

Mean Duration of Pain in My Study: 2.4 Yr.

Table 2: Profile Of Parity Wise Distribution Of Patients

Parity	No. of Patient (N=50)	Percentage
Nulliparous	10	20.0
Primiparous	13	26.0
Multiparous	27	54.0

According to parity wise distribution 54.0% of the total study cases were Multiparous 26.0% of the cases were Primiparous and 20.0% of the cases belonged to Nulliparous.

Duration of pain	No. of patient
Up to 1 yr.	23
More than 1 yr.	27

Thus, out of 50 patients, 23 had pain since last 1 yr. while in remaining 27 patient, duration of pain is more than a years. Mean duration of pain is 2.4 yr.

Table 3: Profile Of Associated Symptoms Along With Pelvic Pain In Study Cases

Associated Symptoms	No. of Patient (N=50)	Percentage
White Discharge	25	50.0
Dysmonrrhoea	22	44.0
Dyspareuria	10	20.0
Menorrhagia	06	12.0
Polymenorrhoea	05	10.0
Leucorrhoea	25	50.0
Amenorrhoea	01	02.0

As per above table 50.0% of the study cases had white discharge and Leucorrhoea while 44.0% of the cases had dysmonrrhoea as associated symptoms along with pelvic pain. The cases showing Dyspareuria, Menorrhagia and Polymenorrhoea were 20.0%, 12.0% and 10.0% respectively. Only 2.0% of the study cases showed Amenorrhoea as associated symptoms along with pelvic pain.

Table 4: Profile Of Associated Symptoms Along With Pelvic Pain In Study Cases

Associated Symptoms	No. of Patient (N=50)	Percentage
White Discharge	25	50.0
Dysmonrrhoea	22	44.0
Dyspareuria	10	20.0
Menorrhagia	06	12.0
Polymenorrohea	05	10.0
Leucorrhoea	25	50.0
Amenorrhoea	01	02.0

As per above table 50.0% of the study cases had white discharge and Leucorrhoea while 44.0% of the cases had dysmonrrhoea as associated symptoms along with pelvic pain. The cases showing Dyspareuria, Menorrhagia and Polymenorrhoea were 20.0%, 12.0% and 10.0% respectively. Only 2.0% of the study cases showed Amenorrhoea as associated symptoms along with pelvic pain.

Table 5: Profile Of Mode Of Operative Intervention

Mode of Operative Intervention	No. of Patient (N=15)	Percentage
Cauterisation of endometriotic spots	07	46.7
Adhesiolysis	04	26.7
Exp.Laparotomy with ovarian cystectomy	02	13.3
Laparoscopic cystectomy	02	13.3
Laparoscopic drainage of hydrosalpinx	01	06.7
Exp Laparotomy with ovarian removal of endometrioma	03	20.0

As per above table 46.7% of the study cases had Cauterisation of endometriotic spots, 26.7% of the cases had Adhesiolysis, 20.0% of the cases had Exploratory laparotomy with ovarian removal of

endometrioma as their mode of operative intervention. While 13.3% of the cases had exploratory laparotomy with ovarian cystectomy and laparoscopic cystectomy. 6.7% of the cases had laparoscopic drainage of hydrosalpinx as their mode of operative interventions.

Table 6: Profile Of Outcome By Laparoscope In The Study Cases

Outcomes	No. of Patient	Percentage
Success	40	80.0
Failure	10	20.0

80.0% of the study cases had successful outcomes by laparoscopy while only 20.0% of the cases had failure.

DISCUSSION

Chronic pelvic pain is a common gynaecological problem, with a multifactorial etiology. Clinical examination and ultrasonography is not appropriate to diagnose causes of chronic pelvic pain. Laparoscopy plays an important role in the evaluation of a case of chronic pelvic pain. In my study out of 50 patients organic cause of chronic pelvic pain was identified, in 40 patients via laparoscopy. In the remaining 10 patients where no organic cause was identified on laparoscopy, referred to psychiatry department to rule out somatoform pain, and they are successfully treated.

So laparoscopy has successfully diagnosed organic cause of chronic pelvic pain in 80% of patients, and in 20% cases it ruled out organic cause of pain. Among 40 patients, laparoscopy based operative intervention done in 15 patients, and surgery done according to the organic cause. So among 80% patient in whom organic cause of chronic pelvic pain identified, 40% had undergone for laparoscopic surgery, for their organic cause. So laparoscopy had diagnosed cause of chronic pelvic pain in 80% of patient and laparoscopy based management was done in 37% of patient. Exploratory laparotomy with removal of endometrioma done in 7.5%, and exploratory laparotomy with cystectomy done in 5% of cases. Endometriosis was identified in 20% of patient, among this 20% cases of endometriosis, in 70% cauterisation of endometriotic spots done, and in remaining 30% exploratory laparotomy done i/v/o large endometrioma with dense adhesion. Laparoscopic adhesiolysis done in 25% patients. Laparoscopic cystectomy and laparoscopic drainage of hydrosalpinx done in respectively 13.3% and 6.6% of patients. In 22% of patient there was evidence of pelvic inflammatory disease, and a course of antibiotic therapy given to them.

In 24% of patients who had normal finding on pelvic examination, laparoscopy had detected pathology in 83.3% of them. Ultrasonography had detected pathology in 30% of cases while laparoscopy had detected pathology in 80% of cases. So laparoscopy is superior to clinical examination and ultrasonography, in diagnosis of causes of chronic pelvic pain. No patient had any postoperative complication. During their follow up period, out of 40 patients, where organic cause of pain identified and treated accordingly, 35 patients had no complaint, and they reported relief after treatment. While 5 patients had pain but that was of mild degree as compared to previous pain. 10 patients in which no organic cause of pain was identified on laparoscopy, and psychiatry reference done to rule out somatoform pain are successfully treated [1-9].

CONCLUSION

Thus, laparoscopy has a valuable role in the diagnosis and management of chronic pelvic pain.

REFERENCES

- [1] Pandey Deeksha, Pandey Vivek, Adiga Prashant, R. Vani & Pratapkumar: Chronic pelvic pain: A frustrating scenario. The internet journal of obstetrics and gynecology 2008 Vol 10 Nov 1.
- [2] Zondervan KT, Yudkin PL, Vessey MP, Dawes MG. Prevalence and incidence in primary care of chronic pelvic pain in women. Evidence from a national general practice database. Br.J.Obstet gynecol 1999; 106:1149-1155.
- [3] Howard FM et al. The role of laparoscopy in chronic pelvic pain: Promises and Pitfalls. Obstet Gynecol surv 1993;48(6); 357-387.



- [4] Chronic pelvic pain. J.F.Hulka, L.Wolf et al.Department of obstetrics & gynecology, UNC School of Medicine chapel Hill USA.
- [5] Mathis SD, Kuppermann M, Liberman RF et al.Chronic pelvic pain: prevalence, health-related quality of life, and economic correlates. *Obstet Gynecol* 1996;87:321-327
- [6] ACOG Committee on practice Bulletins.ACOG Praactice Bulletin No. 51.Chronic pelvic pain. *Obstet gynecol* 2004;103: 589-605.
- [7] Manish K.Singh, Elizabeth E Paschek et al.Chronic pelvic pain.17 Dec 2009,e.medicine.
- [8] Jamieson DJ, Steege JF. The Prevalence of dysmenorrhoea, dyspareunia, pelvic pain and irritable bowel syndrome in primary care practices. *Obstet gynecol*, Jan 1996;87(1):55-8
- [9] Howard FM. Chronic pelvic pain. *Obstet gynecol* 2003;101:594-611.