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What’s Your Diagnosis?

Patient Presentation: 30-year-old female presents with lower abdominal pain. The abdominal examination reveals tenderness in the lower abdomen, specifically in the left lower quadrant, but no rebound or guarding is noted. A pelvic examination is performed that reveals scant blood in the vagina and cervical motion tenderness. An 8-cm mass is palpated in the left adnexa, with marked tenderness. The uterus is tender and normal in size. The right adnexa is tender, but no palpable masses are detected.

Studies Performed: Transvaginal and transabdominal pelvic ultrasound.

Finding: Sonograms show a multiloculated, complex mass in the left adnexa measuring $8 \times 6 \times 5$ cm, which suggested the diagnosis of tubo-ovarian abscess.

Discussion: This condition usually occurs after recurrent, chronic, or refractory pelvic inflammatory disease (PID). It can also occur during an initial episode of PID, as well as result from other etiologies, such as following pelvic surgery or other procedures (eg, endometrial biopsy or sonohysterogram). PID is an infection of the female upper genital tract that includes a broad category of diseases, including endometritis, salpingitis, salpingo-oophoritis, tubo-ovarian abscess, and pelvic peritonitis.

The differential diagnosis of lower abdominal pain in young women is broad, and caution is recommended in ruling out other infectious and inflammatory conditions. Specifically, diagnoses related to the gastrointestinal tract, such as appendicitis, peripendicular abscess, and diverticulitis, should be considered. Genitourinary etiologies, such as cystitis or pyelonephritis, should be considered as well. In addition, other reproductive tract problems, including endometriomas, ectopic pregnancies, hemorrhagic cysts, and ovarian tumors, may present in a similar fashion to a tubo-ovarian abscess.

In suspected cases of tubo-ovarian abscess with equivocal ultrasound findings, MRI is an excellent imaging modality.

Ultrasound is performed at all DIS facilities

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