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**Original Article**

# LAPAROSCOPY IN EVALUATION OF CHRONIC PELVIC PAIN

**Dilip Kr Dutta[1], Indranil Dutta[2], Ranita Roy Chowdhury[3], Rahul Chaudhuri[4]✉**

**ABSTRACT**

**BACKGROUND:** Chronic pelvic pain is a noncyclical pain of duration more than 6months and is the most common presentation in gynaecological outpatient department.

**OBJECTIVES:** To evaluate the role of laparoscopy in chronic pelvic pain and to correlate laparoscopic findings with preoperative pelvic findings, to determine the type of pathology existing and to re-evaluate the treatment strategy.

**RESULT:** Diagnostic laparoscopy could accurately identify the role of chronic pelvic pain in those cases that were normal by detailed clinical evaluation. In laparoscopy only 5(16.7%) patients had normal finding contrary to clinical findings where 20(66.7%) patients were detected normal. Endometriosis was seen in 9 (30%) patients in laparoscopy followed by uterine fibroid in 3 (10%) patients and chronic PID also 3 (10%) patients.

**CONCLUSION:** laparoscopy proved promising in accurately diagnosing endometriosis and PID.

**KEY WORDS:** Chronic, Laparoscopy, Pelvic pain.

## INTRODUCTION

Chronic pelvic pain is a noncyclic pain of duration of 6 or more months that localises to the anatomical pelvis, anterior abdominal wall at or below the umbilicus and the lumbosacral area. It should be sufficiently severe to cause functional disability.[1] The prevalence varies from 12 to 39 percent in reproductive age women.[2] CPP may be related to a variety of gynaecological causes along with gastrointestinal or urological pathologies.[3] In 25-50% cases more than one anomaly can be found. So, a full medical history along with complete medical examination is key to correct diagnosis and management. A multidisciplinary approach is preferred for diagnosis.[4,5]

Laparoscopy is a valuable tool in the evaluation of undiagnosed CPP. It can establish a definitive diagnosis and modify the treatment without resorting to exploratory laparotomy. It is also an extremely valuable aide in gynaecologist's armamentarium especially in validating minimal disease and adhesions, which cannot be revealed sonographically. The following study is an attempt in understanding the aetiology of such a complex and confusing problem in day-to-day gynaecological practice.

## MATERIALS AND METHODS

It is descriptive observational study conducted in a private nursing home in Kalyani. The presentation of symptoms, pelvic examination findings at the admission, operative findings were recorded.
Study type - Cross sectional study
Period of study – 6 months
Inclusion criteria: Women presenting to the GOPD with pain in lower abdomen and pelvic region for more than 6months, above the age of 20 years; after proper consent were included in the study.
Exclusion criteria: Patients with chronic pelvic pain due to nongynecological causes.
Outcome was evaluated on the basis of preoperative abdominal and bimanual findings which were categorised as clinical findings as against laparoscopic diagnosis.
Statistical analysis -Done in Microsoft excel.

## RESULTS & ANALYSIS

We conducted this study on 30 patients presenting with chronic pelvic pain.
It was found that 50% of the patients were in 30 - 40 years age group.

| Age in years | Number | percentage |
|---|---|---|
| 20 | 1 | 3.3 |
| 20-30 | 4 | 13.3 |
| 30-40 | 15 | 50 |
| 40 | 10 | 33.4 |
| Total | 30 | 100 |

Fig 1 age distribution

| Parity | Number | Percentage |
|---|---|---|
| Nulliparous | 5 | 16,7 |
| 1-2 | 13 | 43.3 |
| 3-4 | 10 | 33.4 |
| 4 | 2 | 6.6 |

Fig 2 parity distribution

So, majority 43.3% of women were parous with 1-2 child followed by 3-4 children.

| | Number | Percentage |
|---|---|---|
| Low | 15 | 50 |
| Medium | 5 | 16.7 |
| High | 10 | 33.4 |

Fig 3 socioeconomic distribution

Clinical findings in these 30 patients presenting with chronic pelvic pain were as follows; 20 patients were normal on detailed clinical evaluation,5 patients had inflammatory mass,3 patients had tubo-ovarian mass, ovarian cyst was present in 1 patient and fibroid was seen in 1 patient.

| | Number | Percentage |
|---|---|---|
| Normal | 20 | 66.7 |
| PID | 5 | 16,7 |
| T.O mass | 3 | 10 |
| Fibroid | 1 | 3.3 |
| Ovarian cyst | 1 | 3.3 |
| | 30 | 100 |

Fig 4 clinical diagnosis

All these 30 patients underwent diagnostic laparoscopy both with normal and abnormal clinical findings
The laparoscopic findings are tabulated below (fig 5)

| | Number | Percentage |
|---|---|---|
| Normal | 5 | 16.7 |
| Endometriosis | 9 | 30 |
| Uterine fibroid | 3 | 10 |
| Broad ligament cyst | 1 | 3.3 |
| Ovarian cyst | 2 | 6.7 |
| Chronic PID | 3 | 10 |
| Chronic tubercular salpingitis | 4 | 13.3 |
| Omental adhesion | 3 | 10 |
| Total | 30 | 100 |

Fig 5 laparoscopic findings

In laparoscopy only 5 patients had normal finding contrary to clinical findings where 20 patients were detected normal. Endometriosis was seen in 9 patients in laparoscopy followed by uterine fibroid in 3 patients, chronic tubercular salpingitis in 4 patients, omental adhesion in 3 patients and ovarian cyst in 2 patients broad ligament cyst in 1 and chronic PID in 3 patients.

## DISCUSSION

This study confirms the previous observations that laparoscopy is an effective tool in the evaluation of women with CPP.There is error in diagnosis at preoperative pelvic examination in this study. We conducted a study with 30 patients presenting with chronic pelvic pain in the OPD of a private medical centre. The most common presentation was lower abdominal pain bearing no relation to the menstrual cycles. There was better correlation between abnormal preoperative pelvic examination and abnormal laparoscopic findings.[9,10]

Among them majority 50% were in age group 30 - 40 years followed by 33.4% in age group above 40 followed by those between 20-30. So, in our study majority of patients were above 30 who presented with chronic pelvic pain contrary to the study done P. Bhatia where majority of the patient in age group 28.6[6]

In our study majority of the patient with chronic pelvic pain had a parity between 1-2(43.3%) and 3-4(3-4%) and very minority of them were nulliparous (16.7%). This is similar to the study done by P Bhatia where the incidence of chronic pelvic was in para 2.[6]

In our study majority of the patients presenting with chronic pelvic pain belonged to lower socioeconomic status followed by high and middle socioeconomic group, Contrary to the study done P. Bhatia et al where majority belonged to middle socioeconomic group.[6]

Clinically majority of the patients were normal 20 (66.3%) in detailed clinical evaluation. A 16.7% presented with PID, 10% had tuboovarian mass and 1(3.3%) patient has ovarian cyst. Antibiotic was given for adequate duration in those who had questionable evidence of PID and were considered for laparoscopy only after they failed to respond for medical therapy to confirm the diagnosis. In a similar study, only 33 (38%) had significant findings on preoperative pelvic examination in contrast 57 (66%) had abnormal findings on laparoscopy. Conversely 53 (62%) had normal preoperative pelvic findings and 29 (33%) were negative for pathology on laparoscopy.[8]

At exploratory laparoscopy, endometriosis was found in 9 patients (30%), chronic tubercular salpingitis was found in 4 case (13.3%), uterine fibroid in 3 patients (10%), chronic pelvic inflammatory disease was found in 3 cases and omental adhesion in 3 cases (3%) and 5 cases were found normal. Tubercular salpingitis was diagnosed by from the washing and biopsy specimen by subjecting them to Gene expert and HPE AFB culture. Similar to the study done by Geraldine Brichant et al where 46% cases had endometriotic lesions 12% uterine anomalies,17 % adnexal abnormalities and 31% abdominoperitoneal adhesion.[7.]

Drawback of the study is too less a sample to come to an inference regarding the causation of CPP coming to GOPD in this area.

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## CONCLUSION:

One of the most confusing problems facing the gynaecologist is the patient who has CPP. When there are objective physical signs and symptoms, the accuracy for diagnosis of origin of pain is increased. Diagnostic laparoscopy had a great advantage in finding out the actual cause of chronic pelvic pain and help the gynaecologist to treat the disease correctly. Besides it might also help treat the cause in the same sitting. In the present study laparoscopy proved promising in accurately diagnosing endometriosis and PID in the study participants.

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1. Consultant Gynaecologist & Obstetrician, Gice Hospital, Kalyani
2. Professor, Dept. of G & O, IQ City Medical College, Durgapur
3. Associate Professor, Dept. of G & O, COMJNMH, Kalyani
4. Senior Resident, Dept. of G & O, COMJNMH, Kalyani
✉ Email: rahulchaudhuri101089@gmail.com