INTRODUCTION

Chronic pelvic pain is a common condition having major impact on health related quality of life and working capability. The cause of pain is not always obvious as no pathology is seen in 40 – 60% of cases. In women with chronic pelvic pain, diagnostic laparoscopy is the gold standard to find out the underlying pathology; it also helps in avoiding unnecessary laparotomies. 

Chronic pelvic pain is the most common presenting symptom of all the women referred to a Gynaecology Clinic. It accounts about 20% of all gynaecological out patients’ appointments and 5% of all new gynaecological appointments. The main problem related to pelvic pain is the difficulty in making a definite diagnosis as the abdominal and pelvic viscera share similar nerves so the close proximity, exact location of the pain is difficult to assess and the pain within these organs is felt as pelvic pain. Only 20 – 25% patients respond to conservative management. When such treatment fails, a diagnostic laparoscopy is usually performed.

Laparoscopy can confirm or exclude the clinical impression, stabilize a definite diagnosis, follow the course of disease and modify therapy. There is evidence that negative findings at diagnostic laparoscopy and follow-up with ultrasound examination will prove reassurance and relief to some patients. The rationale of the study was that laparoscopy is helpful in detecting underlying common pathological lesions when ultrasound findings are normal but the patient is not responding to medical therapy.

The objective of this study was to determine the positive laparoscopic findings in such cases.

METHODOLOGY

It is a cross-sectional observational study undertaken at Red Crescent General Hospital, Hyderabad, Sindh, from January 2007 to December 2009. Women were selected via Gynecology OPD. They included those with persistent pelvic pain for more than 6 months duration, having no obvious organic pelvic pathological lesions on clinical or ultrasound examination and not responding to medical treatment. Those women with previous hysterectomy, previous multiple surgeries and with organic gynaecological problems were excluded from the study. Included women were offered diagnostic laparoscopy and informed written consent was taken. These women were prepared for diagnostic laparoscopy with relevant investigations and fitness for general anesthesia.
Diagnostic laparoscopy was performed with standard technique. The record of these women was maintained on predesigned proforma having all the demographic details, clinical findings, relevant investigations and laparoscopic findings. The data was collected and analyzed on Statistical Package for Social Sciences (SPSS) version 14. The result was presented in the form of percentages, chi-square test was applied for comparison of proportions with significance at p-value less than 0.005.

RESULTS

Chronic pelvic pain was most frequently reported by 26–35 years age group women n = 53 (62.4%). Majority of them 77 (90.6%) were married and nulliparous (n = 40, 47.1%, Table I). Common associated problems were infertility in 46 (54.1%) cases, dyspareunia in 40 (47.1%) cases, dysmenorrhoea in 46 (54.1%) cases, vaginal discharge in 34 (40%) cases, dysuria in 5 (5.9%) cases and backache in 42 (49.4%) cases (Table II).

On clinical examination, pelvic tenderness was present in 29 (34.1%) cases. The cervix was tender in 12 (14.1%) cases and retroverted in 9 (10.6%) cases. The appendages were nodular in 7 (8.2%) cases, tender in 24 (28.2%) cases and adnexal mass was detected in 6 (7.1%) cases (Table III).

On diagnostic laparoscopy, pelvic pathology was detected in 56 (65.88%) cases (p = 0.001). Common pathological conditions detected were tuberculosis in 17 (20%) cases, ovarian cyst in 6 (7.1%) cases, pelvic inflammatory disease and pelvic adhesions in 8 (9.4%) cases each, endometriosis in 11 (12.9%) cases, pelvic congestion in 2 (2.4%) cases, uterine fibroid in 4 (4.7%) cases (Table IV).

DISCUSSION

Diagnostic laparoscopy is a useful technique to diagnose or exclude under lying pathology especially...
when there is no definite anatomical abnormalities visible on imaging modalities as reported in other studies. More than 40% laparoscopies are performed for diagnosis of pelvic pain. In this study, the frequent pathological conditions observed on laparoscopy were tuberculosis, endometriosis and pelvic inflammatory disease and adhesions. The diagnosis of peritoneal tuberculosis could be a demanding task for even an experienced physician because of non-specific symptoms. Laparoscopy is an invaluable tool for the diagnosis of pelvic tuberculosis. It can reveal peritubal adhesions, tubercles on the tubes, small tubo-ovarian masses and hydrosalpinx that cannot be detected clinically or on ultrasound. Female genital tuberculosis is common in countries where pulmonary tuberculosis is widespread especially with infertility. In Pakistan, tuberculosis has been a common disease. According to the World Health Organization (WHO) global tuberculosis control 2009, Pakistan ranks eighth on the list of 22 high tuberculosis (TB) burden countries. Not much work has been done to detect genital tuberculosis. The high frequency of pelvic tuberculosis in developing countries is due to malnutrition, lack of vaccination and poverty. This group of women commonly receives multiple courses of antibiotics for their symptoms of pelvic pain that may further deteriorate their general health. Genital tract tuberculosis is hormone dependent as well so 90% of cases involve women less than 40 years of age. Diagnostic laparoscopy has an influence in discarding unnecessary medication and introducing therapeutic plans.

Endometriosis is a growing health care program all around world. It is a common disease affecting women of a reproductive age with a very diverse range of presentation that include pelvic pain, dysmenorrhea, dyspareunia and sub-fertility. Pelvic endometriosis is the most common laparoscopic findings in patients with chronic pelvic pain. However, in the present study endometriosis was the second most common cause of chronic pelvic pain found in 12.9% cases. Pelvic inflammatory disease usually results from the infection of upper genital tract by pathogens ascending from the cervix or the vagina. Since the clinical signs of uncomplicated forms are mild or misleading, diagnosis often requires laparoscopy. In this study, pelvic inflammatory disease was diagnosed on laparoscopy in 8 (9.4%) cases which is comparatively less than other western studies where pelvic inflammatory disease is more common. This could be due to the social, cultural and religious impact on sexual behaviours. Most of these women were between 26 and 45 years. A study from Athens found pelvic inflammatory disease in 3% of cases during adolescence periods. Krishna showed that laparoscopy can also be useful in those cases which are wrongly diagnosed as chronic pelvic disease. Another study from India showed that laparoscopy plays important role in differentiation of risk factor for pelvic inflammatory disease.

**CONCLUSION**

Chronic pelvic pain can be dealt better after confirmation of underlying pelvic pathology by laparoscopic approach. Pelvic tuberculosis was the most common causative pathology in this study followed by endometriosis.

**REFERENCES**


