



CODEN [USA]: IAJPBB

ISSN: 2349-7750

## INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

<http://doi.org/10.5281/zenodo.1439256>Available online at: <http://www.iajps.com>

Research Article

### A DESCRIPTIVE RESEARCH TO EVALUATE THE CAUSE & EFFECT OF PELVIC REGION PAIN BY LAPAROSCOPY & SELECTION OF APPROPRIATE TREATMENT

<sup>1</sup>Dr. M Usman, <sup>2</sup>Dr. Asma Shahid, <sup>3</sup>Dr. Ammara Liaqat<sup>1</sup>BHU 560, The National Hospital Faisalabad<sup>2</sup>National Hospital<sup>3</sup>Khawaja Muhammad Safdar Medical College Sialkot**Abstract:**

**Objective:** To evaluate the causes of pain in the pelvic region by laparoscopy and choosing the best treatment after diagnosis to avoid frequent hospital visits and medication.

**Patients and Methods:** This descriptive research was conducted at Allied Hospital, Faisalabad (Gynecology & Obstetrics OPD) from March 2016 to January 2017. A total of 4301 patients reported to Obstetrics OPD during the period. Among these patients, 271 cases of pelvic pain were reported. The targeted sample interview was conducted and further investigations of pelvic pain patients were made. The subjects who could not answer the question were treated by laparoscopic incision. The final sample composed of 33 patients shortlisted in light of inclusion criteria for laparoscopy. Mandatory clinical pre-requisites were fulfilled and investigations were made in these patients. The patients suffering from cardiac and respiratory diseases, abdominal issues, peritonitis etc. were rejected. Diagnostic laparoscopy was also conducted under anaesthesia and the results were recorded on a form. Data analysis was carried out with the help of SPSS.

**Results:** Most of the patients among selected 33 samples were between the age ranges of (31 – 41) years (51.52%). The prevalence of multipara women was 57.58%. The continuous and severe pain was observed in 17 patients (51.52%) which become unbearable at occasions. Three patients required hospital admission in cases of severe pelvic pain (9.1%). The Sub-fertility cases were seen in 11 patients (33.33%) whereas dysmenorrhea and dysfunctional bleeding was observed in 7 cases (21.21%) & 05 patients (15.15%) respectively. The lower back pain was reported by 04 patients (12.12%) on the back side of pelvis region (lumbosacral pain). Seven patients did not report any pain (21.21%). The diagnosis revealed a bulky uterus in 11 patients (33.33%). Also, adnexal masses and nodularity was observed in 6 and 5 patients respectively. Laparoscopic results showed pelvic diseases in 11 patients (33.33%). Nine patients were seen with different endometriosis degrees and 04 patients were clear from any type of pelvic anomaly (12.12%).

**Conclusion:** The research concluded that the use of laparoscopy for evaluation, diagnosis and treatment of pelvic region diseases is vital in nature. The proper use of the laparoscopy can minimize the frequent hospital follow-up visits as well as can reduce the number of antibiotics used for the pelvic pain.

**Keywords:** Laparoscopy, Antibiotics, Parity and Chronic Pelvic Pain, Dysmenorrhea and Dysfunctional Bleeding.

**Corresponding author:**

Dr. M Usman,  
BHU 560, The National Hospital,  
Faisalabad

QR code



Please cite this article in press M Usman et al., A Descriptive Research to Evaluate the Cause & Effect of Pelvic Region Pain by Laparoscopy & Selection of Appropriate Treatment., Indo Am. J. P. Sci, 2018; 05(09).

**INTRODUCTION:**

Chronic Pelvic Pain (CPP) may be defined as a pain in the pelvis and a lower region for a period of more than 6 months occurring intermittently. The patients often face difficulty in sexual involvements and menstruation periods which cause various psychological and physical health problems among victims. It might be associated with other system malfunctions such as intestinal, urinal and neurological disorders. The diagnoses is, therefore, complex and require a systematic approach to evaluate the disease [1]. Laparoscopy is considered as a valid evaluation technique for this purpose and almost 40% of the procedures are performed for gynaecological diagnosis of pelvic pain in gravid patients. Moreover, laparoscopy is a less invasive procedure as compared to other procedures and patients are more satisfied with laparoscopy when seen in contrast to extensive surgeries. The procedure has yielded satisfactory results in cases of complications of endometriosis, patency and pelvic adhesions. It is also very useful in the determination of causes of pelvic pain. Laparoscopy examination is better executed in presence of patients' history and physical examination [2]. Almost 65% of women suffering from CPP undergo laparoscopy at least once in their life. The use of this procedure in gynaecological cases has improved the treatment method for CPP. A survey conducted on the use of laparoscopy exam has yielded that 50% of cases of CPP are diagnosed with the help of this technique. The development of pelvic pain in patients is badly treated without laparoscopy and ends with counselling and psychotherapy. It also emphasizes to use the laparoscopy procedure for the treatment of CPP [3]. It requires to be diagnosed and treated in time by using laparoscopic evaluation. To evaluate the causes of pain in the pelvic region by laparoscopy and choosing the best treatment after diagnosis to avoid frequent hospital visits and medication was the primary objective of the research at hand.

**PATIENTS AND METHODS:**

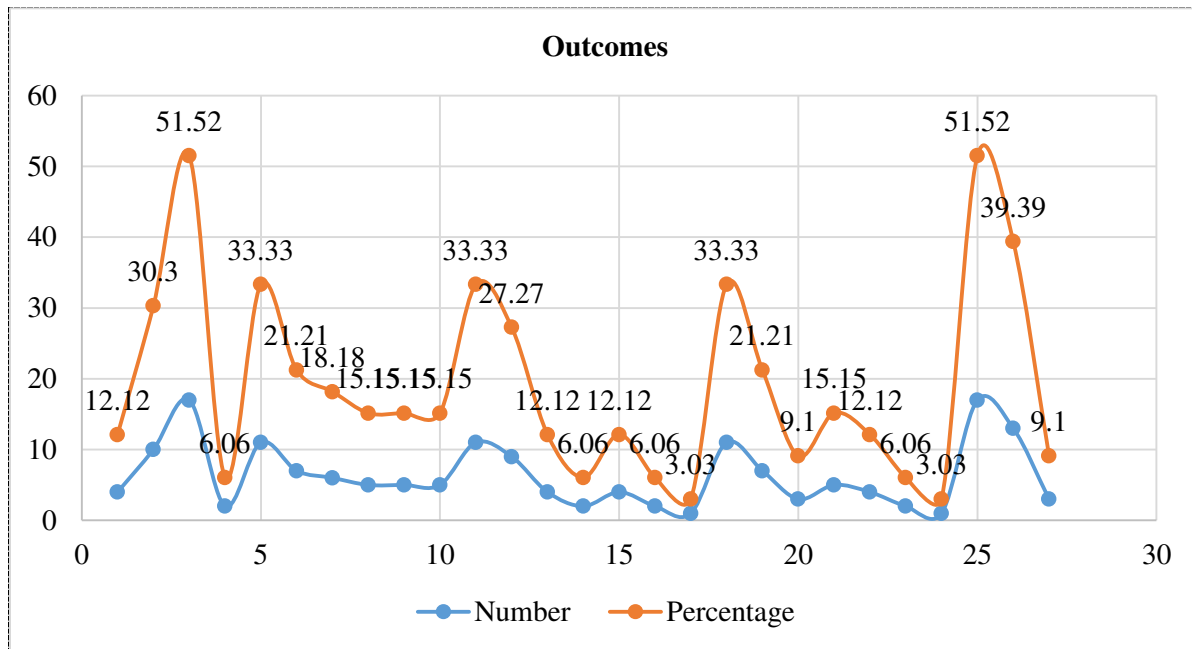
This descriptive research was conducted at Allied Hospital, Faisalabad (Gynecology & Obstetrics OPD) from March 2016 to January 2017. A total of 4301 patients reported to OPD during the period of the research. Among these, 271 were complaining about the CPP. Patients' investigation and the interview were conducted and those who failed to answer the questions were evaluated by using the laparoscopic procedure. Finally, 33 patients were selected according to inclusion/exclusion criteria. Clinical findings including haemoglobin, urine analysis and blood grouping were carried out for each patient.

**RESULTS:**

The final selection for the laparoscopic procedure was made out of a total of 4301 patients reported during the timeframe of the study. The final sample of 33 patients was obtained from 271 patients from the pelvic pain. The inclusion/exclusion criteria were implemented to reach the target sample. Almost half of the patients (51.52%) were between the age ranges of (31 – 41) years. Nineteen cases of multipara women were seen (57.58%) who were getting treatment for CPP. Most of the patients were suffering from severe acute pelvic pain (17 cases, 51.52%) for 6 months up to a maximum duration of 2 years. Patients mentioned that the pain becomes more severe during walking, lifting bending or even in a standing position. Painkillers and resting in a lying position is somewhat useful in severe pain. During the research 11 cases of infertility (33.33%), 7 cases dysmenorrhea (21.21%) and 5 cases of dysfunctional bleeding (15.15%) were noticed. Four patients (12.12%) reported lower backache in the pelvic region (lumbosacral pain). Seven patients were not feeling pain (21.21%). Large uterus size was seen in 11 patients (33.33%). Laparoscopic results proved pelvic diseases in 11 patients (33.33%). Detailed outcomes analysis has been carried out in the given tabular data.

Table: Outcomes

	Outcomes	Number	Percentage
Age (Years)	< 20	4	12.12
	21 - 30	10	30.3
	31 - 41	17	51.52
	> 41	2	6.06
Signs	Bulky uterus	11	33.33
	No sign	7	21.21
	Adnexal mass	6	18.18
	Nodularity in POD	5	15.15
	Retroverted uterus	5	15.15
	Cervix excitation pain	5	15.15
Laparoscopic Outcomes	Chronic PID	11	33.33
	Endometriosis	9	27.27
	Adhesions	4	12.12
	Ovarian Cysts	2	6.06
	No abnormal finding	4	12.12
	Tuberculosis	2	6.06
	Tubal Occlusion	1	3.03
Symptoms	Infertility	11	33.33
	Dysmenorrhea	7	21.21
	Dyspareunic	3	9.1
	Dysfunctional uterine bleeding	5	15.15
	Backache	4	12.12
	Vaginal discharge	2	6.06
	Cyclic leg pain	1	3.03
Nature of Pain	Dull and sharp	17	51.52
	Dull ache	13	39.39
	Acute / severe episodes	3	9.1



### DISCUSSION:

The most common procedure for the evaluation of pelvic pain is laparoscopy. Most of the women suffering from infertility, endometriosis and CPP are treated by laparoscopy. Laparoscopy has evolved as an option of choice in a patient with no apparent symptoms of CPP. It is considered the safe and practical procedure for the investigation of pelvic pain [4]. Our research found 57.58% multiparous cases whereas Farook's study delivered 64% multiparous and 36% nulliparous cases. In our research, severe pain was noticed in 51.52%, dull and acute CPP in 39.39% and 9.1% patients [4]. Another study by Farook SM delivered sharp pain in 51.33% cases, dull ache in 36% cases and acute pain in 12.6% of patients. The patients were administered with painkillers, antibiotics and required hospital admissions. CPP symptoms in our research were sub-infertility dysmenorrhea [5]. Another research in America came up with the symptoms of dysmenorrhea, dyspareunia, CPP [6], genital tract endometriosis and infertility. Also, the patients with adnexal masses were 18.18%, bulky uterus patients were 33.33% and Douglas pouch was seen in 15.15% cases [7]. Farook SM delivered bulky uterus in 60% cases and cervix anomalies in 46% of patients. In our research 1 case (3.03%) of cervix, excitation was observed. Four cases were considered normal in current research (12.12%) [8]. Laparoscopy effects were noticed in the patients. Most of the patients were satisfied with the procedure. The current research found 33.33% cases of Pelvic Inflammatory Disorders (PID). Another research by Redecha M observed PID incidences in 18.6% of patients [9].

The prevalence of PID in Farook SM and Rana T studies was 6.8% and 33.3% respectively. The prevalence of endometriosis in our study was 27.27% whereas Farook SM and Rana T reported the same as 10% and 8.2% respectively [10]. The prevalence of endometriosis in Thai women was reported as high as 60.9% in another research. The results from Services Hospital, Lahore and CMH Lahore for endometriosis were 4.3% & 5.55% respectively. In our set up, patients follow up was carried out after one month and improvement was noticed in all cases. We recorded pelvic adhesions at 12.12% whereas Redecha M delivered pelvic adhesions in 18.16% [11].

Tubal occlusion was 3.03% in our research. A Thai research showed 3.64% cases of tubal occlusion and Services Hospital Lahore delivered the same in 20% of cases. The Laparoscopic evaluation suggested the follow-up treatment in almost half of the patients in our research [13]. It was observed that CPP, if not treated properly, affects the routine life of the victims in social, economic and psychological aspects [14].

### CONCLUSION:

Our research puts force on the laparoscopy importance for the evaluation of chronic pelvic cause in the patients. This technique requires due consideration as it is a very essential managerial investigation in the cases having unnecessary and repeated antibiotic use with associated avoidable drugs.

**REFERENCES:**

1. Bhangu, A., et al., Acute appendicitis: modern understanding of pathogenesis, diagnosis, and management. *The Lancet*, 2015. 386(10000): p. 1278-1287.
2. Angioni, S., et al., Pain control and quality of life after laparoscopic en-block resection of deep infiltrating endometriosis (DIE) vs. incomplete surgical treatment with or without GnRHa administration after surgery. *Archives of gynecology and obstetrics*, 2015. 291(2): p. 363-370.
3. Vercellini, P., et al., Reducing low-value care in endometriosis between limited evidence and unresolved issues: a proposal. *Human Reproduction*, 2015. 30(9): p. 1996-2004.
4. Rickert, A. and P. Kienle, Laparoscopic surgery for rectal prolapse and pelvic floor disorders. *World journal of gastrointestinal endoscopy*, 2015. 7(12): p. 1045.
5. Nishi, M., et al., Improvement in renal function and symptoms of patients treated with laparoscopic pyeloplasty for ureteropelvic junction obstruction with less than 20% split renal function. *Journal of endourology*, 2016. 30(11): p. 1214-1218.
6. Paajanen, P., A. Fagerström, and H. Paajanen, Laparoscopic Adhesiolysis in Chronic Abdominal Pain: 15-Year Follow-up Study. *Journal of clinical gastroenterology*, 2018. 52(4): p. e32-e36.
7. Fleshman, J., et al., Effect of laparoscopic assisted resection vs open resection of stage II or III rectal cancer on pathologic outcomes: the ACOSOG Z6051 randomized clinical trial. *Jama*, 2015. 314(13): p. 1346-1355.
8. Pearl, J.P., et al., SAGES guidelines for the use of laparoscopy during pregnancy. *Surgical endoscopy*, 2017. 31(10): p. 3767-3782.
9. Mowers, E.L., et al., Prevalence of endometriosis during abdominal or laparoscopic hysterectomy for chronic pelvic pain. *Obstetrics & Gynecology*, 2016. 127(6): p. 1045-1053.
10. Clayman, R.V., et al., Laparoscopic nephrectomy: initial case report. *The Journal of urology*, 2017. 197(2): p. S182-S186.
11. Janda, M., et al., Effect of total laparoscopic hysterectomy vs total abdominal hysterectomy on disease-free survival among women with stage I endometrial cancer: a randomized clinical trial. *Jama*, 2017. 317(12): p. 1224-1233.
12. Franceschilli, L., et al., Laparoscopic ventral rectopexy using biologic mesh for the treatment of obstructed defecation syndrome and/or faecal incontinence in patients with internal rectal prolapse: a critical appraisal of the first 100 cases. *Techniques in coloproctology*, 2015. 19(4): p. 209-219.
13. Gallicchio, L., et al., Change in pain and quality of life among women enrolled in atrial examining the use of narrow band imaging during laparoscopic surgery for suspected endometriosis. *Journal of minimally invasive gynecology*, 2015. 22(7): p. 1208-1214.
14. Bean, E.M.R., et al., Laparoscopic myomectomy: a single-center retrospective review of 514 patients. *Journal of minimally invasive gynecology*, 2017. 24(3): p. 485-493.