

# Interesting videos, Abdominal pain



**Dr.Shobhana Mohandas. MD.DGO.FICOG**

**30 year old woman comes with  
Excruciating dysmenorrhoea  
Not responding to NSAIDS**

**Some colicky pain  
Completed her family with 2 children**

**PV no evidence of endometriosis**

**USG NAD**



Dyspareunia and  
Chronic Abdominal pain

**32 year old widow with 2 children  
comes with Lower abdominal pain,**

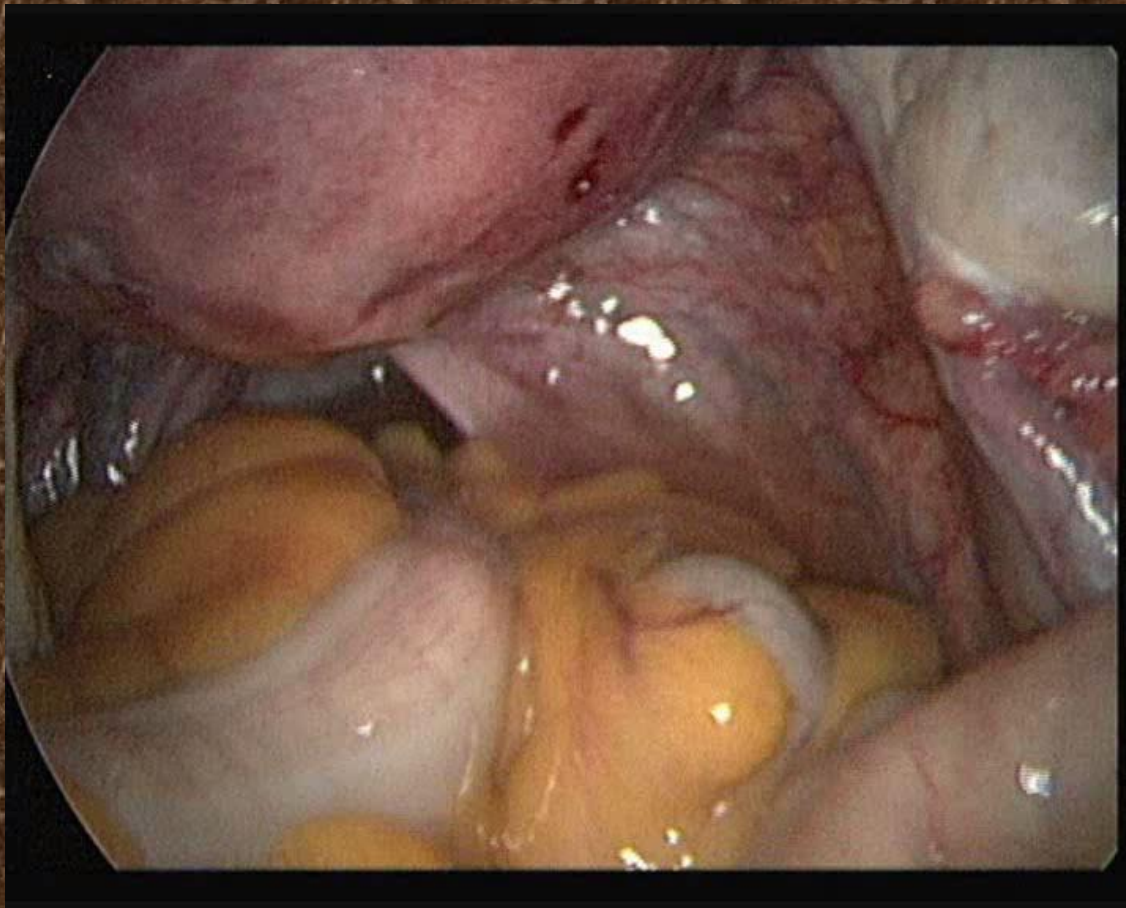
**Pelvis is tender.**

**Not responding to antibiotics  
And anti-inflammatory drugs.**

**USG is normal**

# Remove uterus?

No. If there is pelvic venous congestion, hysterectomy will not cure the pain.



**Laparoscopy showed mild endometriosis and pelvic venous congestion**

**Mild endometriosis**

**Surgical cauterisation will cure**

**Pelvic venous congestion**

**Venusmin (Daflon)  
For 4 months**



**35 year old woman with dyspareunia and chronic abdominal pain**

**Fornices are tender**

**Uterus is retroverted and retroflexed**



**Tubo ovarian adhesions were released and round ligament plication done to correct retroversion**

# Trigger point injections

Mix:

2ml Xylocaine

1 Ampoule 100mg Hydrocortisone

Distilled water to make 20 ml

Load in a 20 ml syringe

**Inject 2ml into painful areas in vagina.**

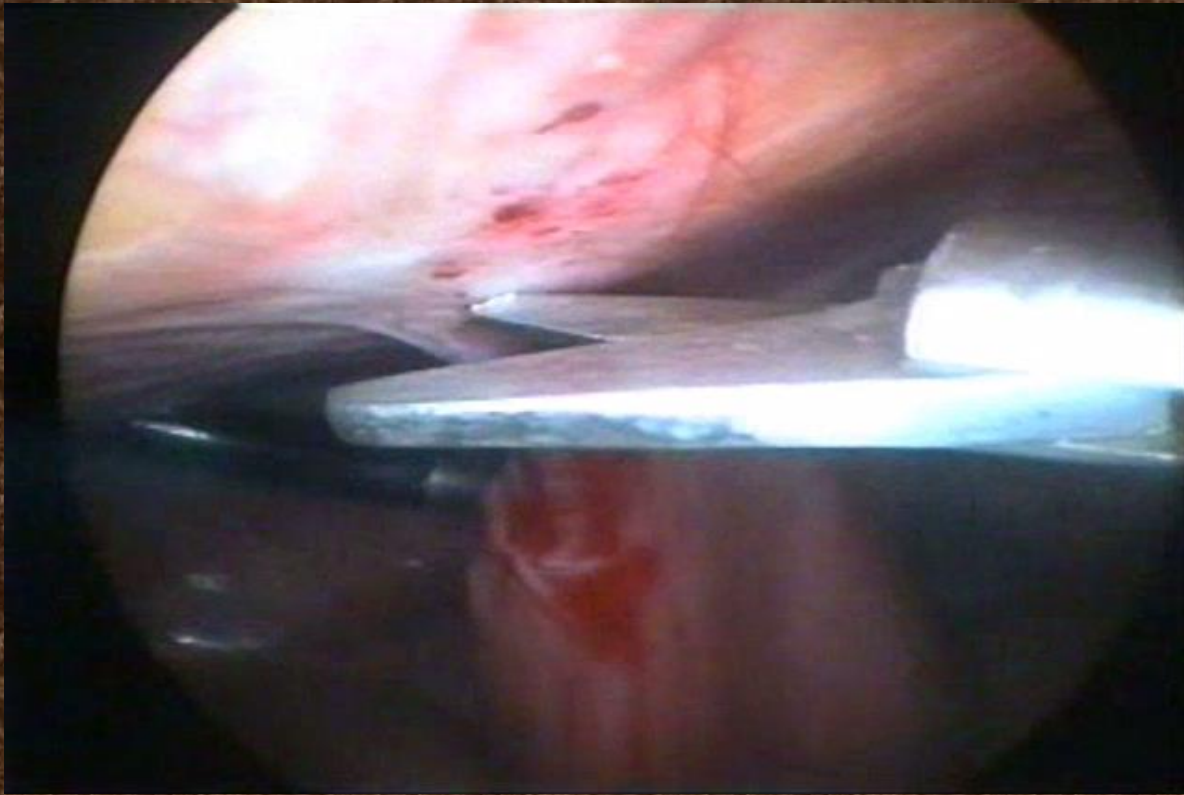
**35 year old woman with intermittent  
Bouts of abdominal pain**

**No relation to periods**

**Uterus is tender fornices are tender**

**H/O previous LSCS.**

**Ultrasound- small 3-4 cm ovarian cyst**



**Release of adhesions of intestine to anterior wall of abdomen and ovary to back of uterus relieved the pain.**

**34 year old woman with history of 2 previous myomectomies**

**Comes with intermittent bouts of abdominal pain**

**Has a 3 cm fibroid on USG**

**Is it the cause of pain?**

**Laparoscopy showed dense intestinal adhesions to uterus. Release of adhesions relieved the pain. The 3cm fibroid was also removed.**

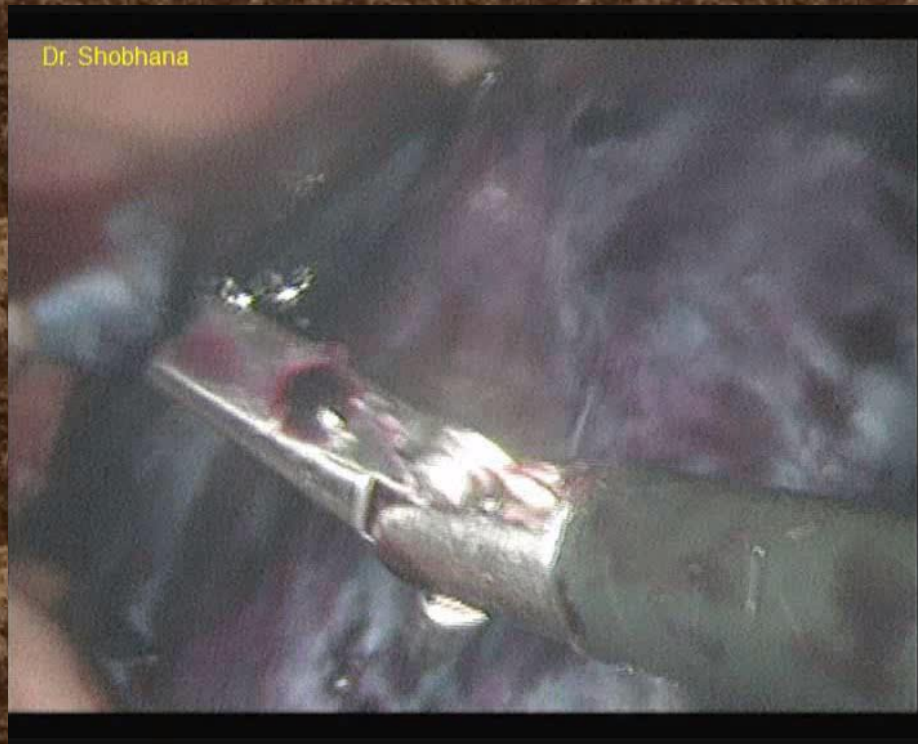
**Unmarried girl**

**Laparoscopic right ovarian cystectomy  
2 years back**

**Laparotomy and removal of right ovary  
1 year back**

**Left ovarian cyst and acute abdominal  
pain**





**Ovary looked totally gangrenous. Clots were removed. Whatever was left of the ovary, just a small papery, strip, was left behind.**

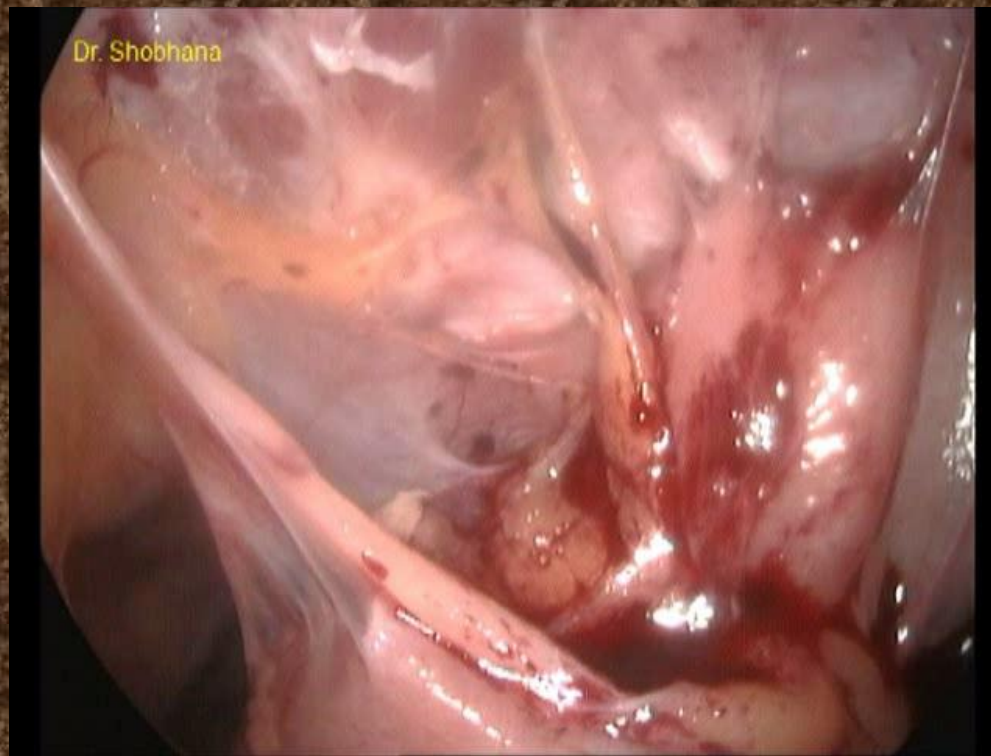
**Initially she had high FSH post op followed by amenorrhoea. But after a few months, she started getting her periods and later got 2 spontaneous pregnancies.**

**Woman with H/o hysterectomy**

**5 cm ovarian cyst**

**Abdominal distension**

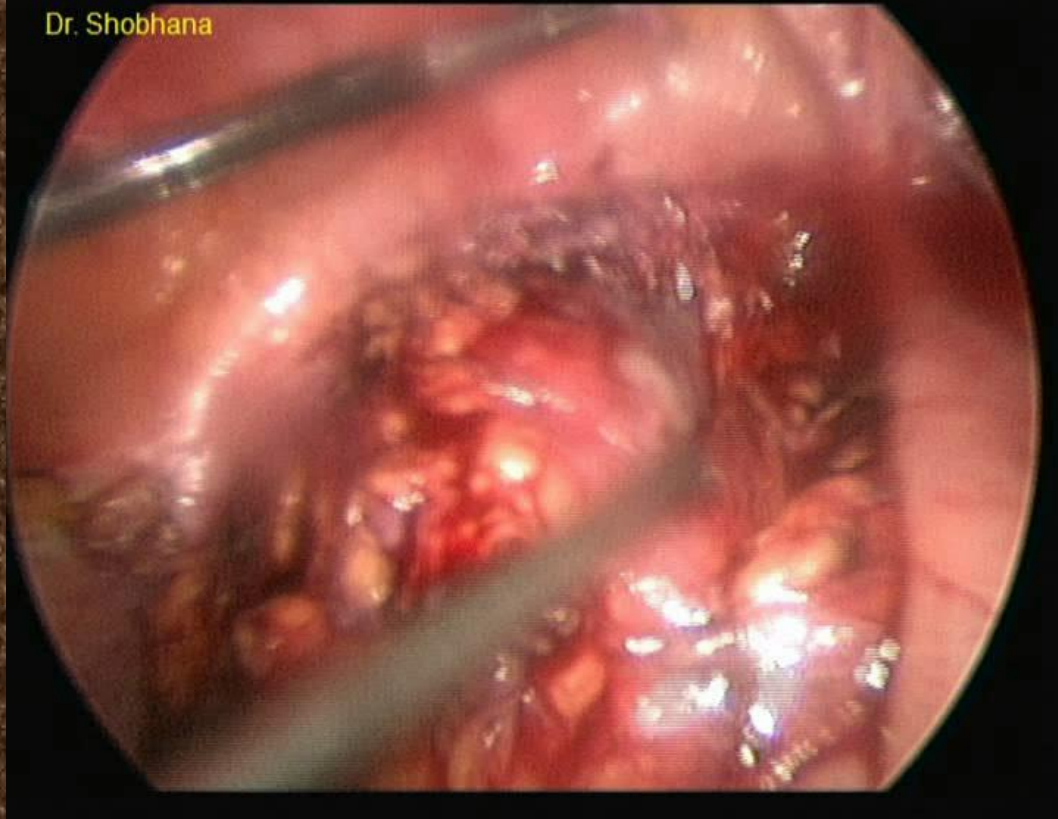
**Abdominal pain**



**Abdomen was divided into two compartments, with dense intestinal adhesions in the centre. This was causing the pain, not the ovarian cyst.**

**Post hysterectomy patients can be very tricky and dense adhesions have to be anticipated. Decision for surgery should be deferred, unless absolutely necessary.**

Dr. Shobhana



**Properitoneal cyst masquerading as ovarian cyst in a post-hysterectomy patient. Patient had come with excruciating pain and USG showing 7 cm ovarian cyst. The grasper in the picture is touching the only area of the cyst like structure where there was no intestine. On making a hole in that area, it was found that there was no ovarian cyst. The mass of intestines stuck together, with fluid inside, was giving appearance of an ovarian cyst.**

**Thank you**