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OCCULT GYNECOLOGICAL CAUSES OF ACUTE ABDOMINAL PAIN: A RETROSPECTIVE STUDY

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Relevance. Diagnosing acute abdominal pain in female patients is rather challenging due to the significant overlap of gastrointestinal and gynecological symptoms. Gynecological conditions such as ovarian torsion, endometriosis and ruptured cysts can closely mimic surgical emergencies, most notably acute appendicitis. This diagnostic overlap frequently leads to uncertainty and the need for intraoperative reassessment, emphasizing the need for careful evaluation and multidisciplinary collaboration.

Aim: the primary objective of this study is to identify the occurrence and spectrum of different gynecological conditions incidentally or concurrently discovered during abdominal surgical procedures in female patients that usually presents with acute abdominal or pelvic pain.

Materials and methods. A retrospective descriptive analysis was conducted among fifteen female patients who underwent surgical procedures in 5th City Clinical Hospital, Minsk, for over a three-year period. The patients ranged in age from 19-67 years with mean age of 35.5 (± 14.08) years. The included gynecological pathologies identified during surgical procedure includes ovarian torsion, ovarian cysts, adhesions caused due to endometriosis, and salpino-oophoritis.

Results and their discussion. Of the 15 patients who underwent surgery, gynecological pathology was identified as the primary diagnosis in 13 patients (86.7%). The most prevalent condition was salpingitis, identified in 5 patients (33.3%), followed by ovarian cysts in 3 patients (20.0%). Adnexal torsion with an ovarian cyst was identified in 1 patient (6.7%), and ruptured corpus luteum haemorrhage in 1 patient (6.7%). Ascites of undetermined etiology was present in 2 patients (13.3%), while 2 patients (13.3%) had acute appendicitis as the sole operative diagnosis without a concurrent primary gynaecological pathology.

Conclusions. This series highlights that gynaecological disorders can closely masquerade as or coexist with acute surgical emergencies, and that intraoperative findings frequently necessitate combined gynecological and general surgical intervention.