41-year-old female with lower abdominal pain

Rashmi Pashankar, MS3
Edward Gillis, DO
Brad Kincaid, MD
Michael Baldwin, MD
Tubo-ovarian abscess
Multiloculated abscess

Bladder
Tubo-ovarian abscess (TOA)

- **Risk factors**
  - Multiple sexual partners
  - Age 15-25 years
  - Prior history of PID

- **Etiology**
  - Results from upper genital infection, usually PID
    - Polymicrobial infection

- **Clinical presentation**
  - Acute lower abdominal pain, fevers, chills, vaginal discharge
  - If TOA is ruptured, will likely present with acute abdomen and signs of sepsis
TOA

• Diagnosis
  – Clinical diagnosis of PID
    • Lower abdominal pain, uterine, or adnexal tenderness on exam
  – Pelvic imaging (pelvic US or pelvic CT)
    • CT findings:
      – Unilateral, multilocular
      – Thick uniform, enhancing wall
      – Less common findings
        » Thickening of mesosalpinx
        » Infiltration into pelvic fat
TOA Management

• Antibiotics if
  – Hemodynamically stable
  – Improvement on abx
  – Abscess < 7 cm in diameter
  – Pre-menopausal

• Surgery if antibiotics criteria is not met
  – Postmenopausal women require surgery due to increased risk of gynecological malignancy
    • Would require intraoperative frozen section analysis
References


