41-year-old female with lower abdominal pain

Rashmi Pashankar, MS3
Edward Gillis, DO
Brad Kincaid, MD
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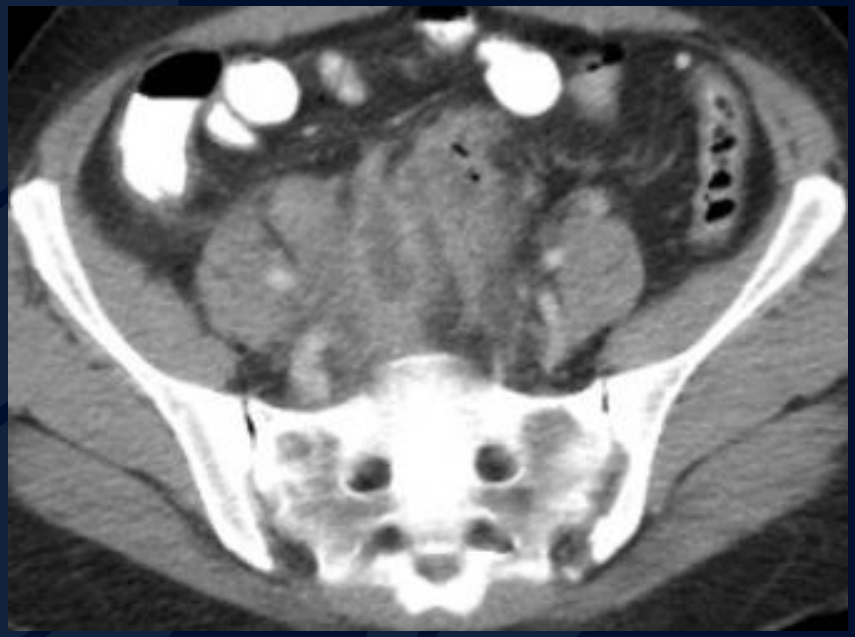

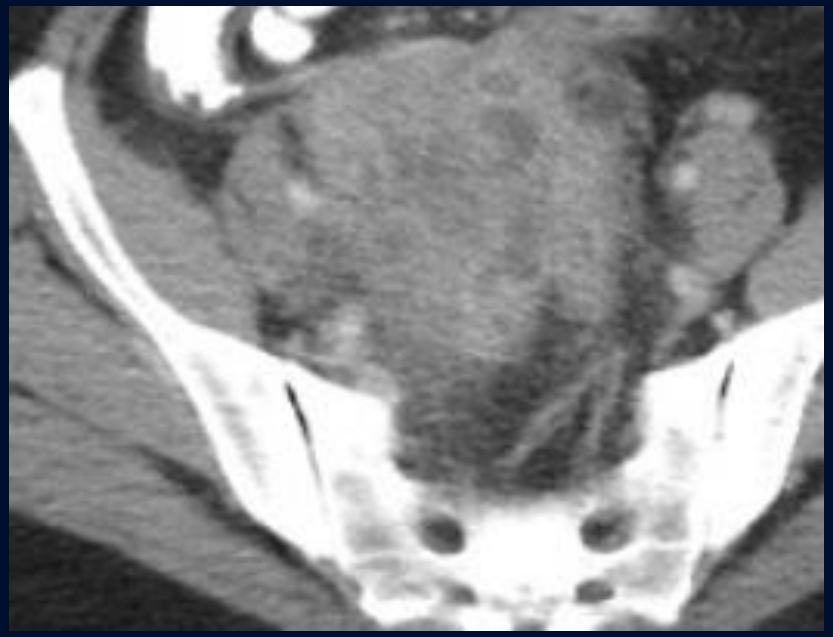

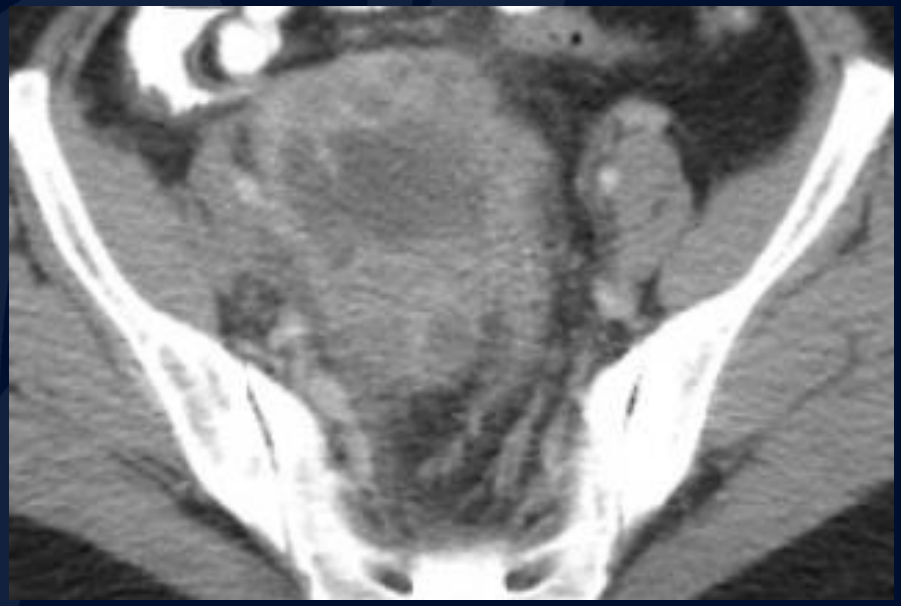

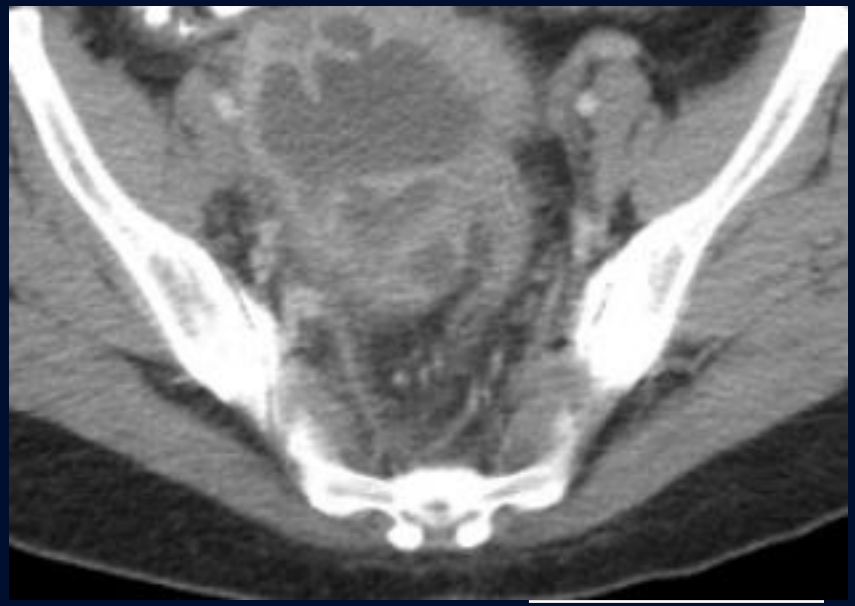

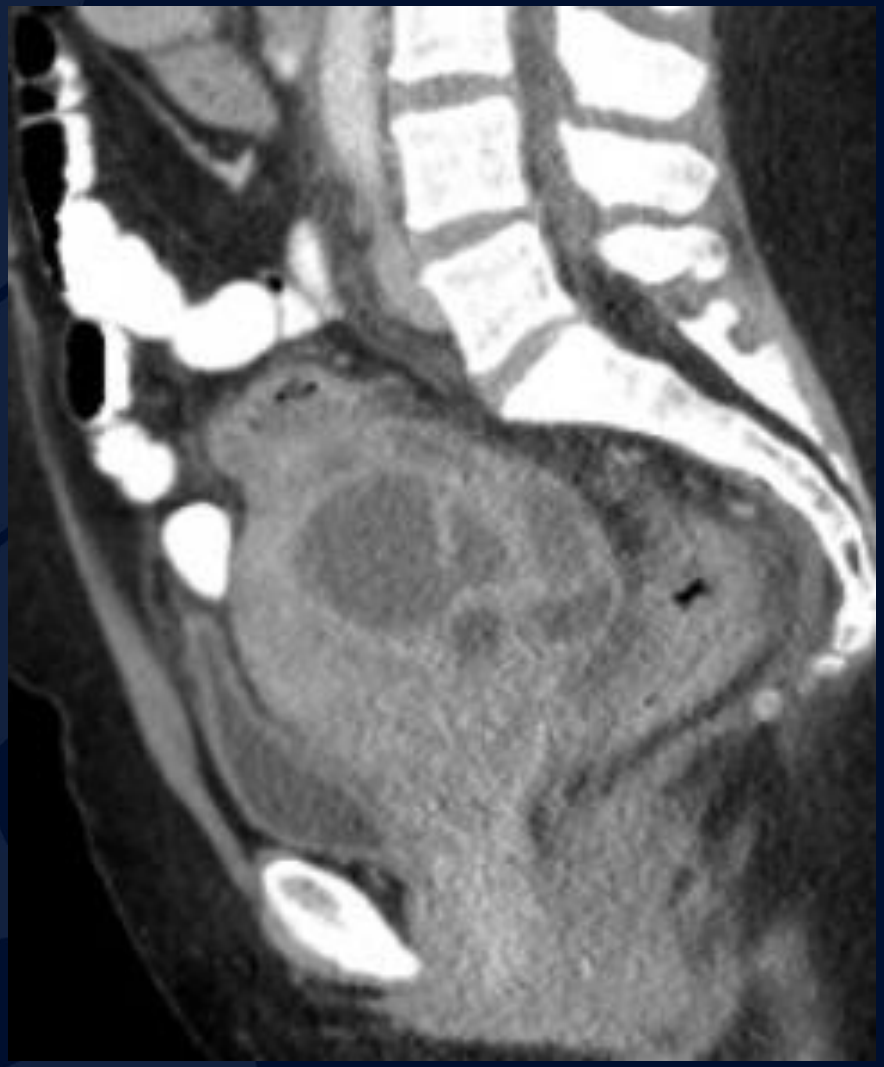

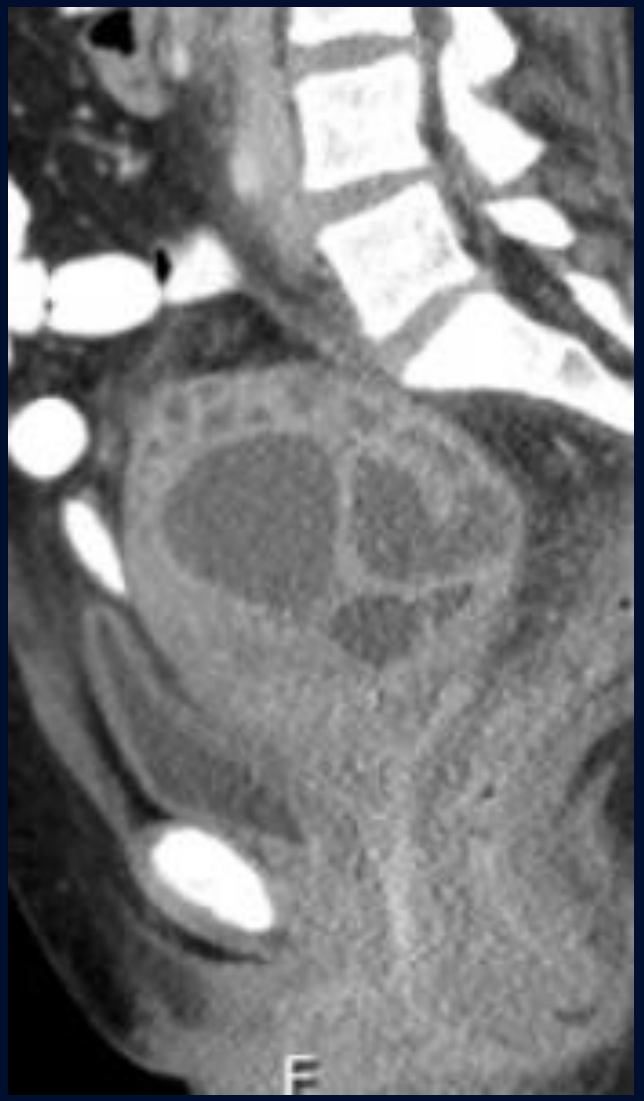

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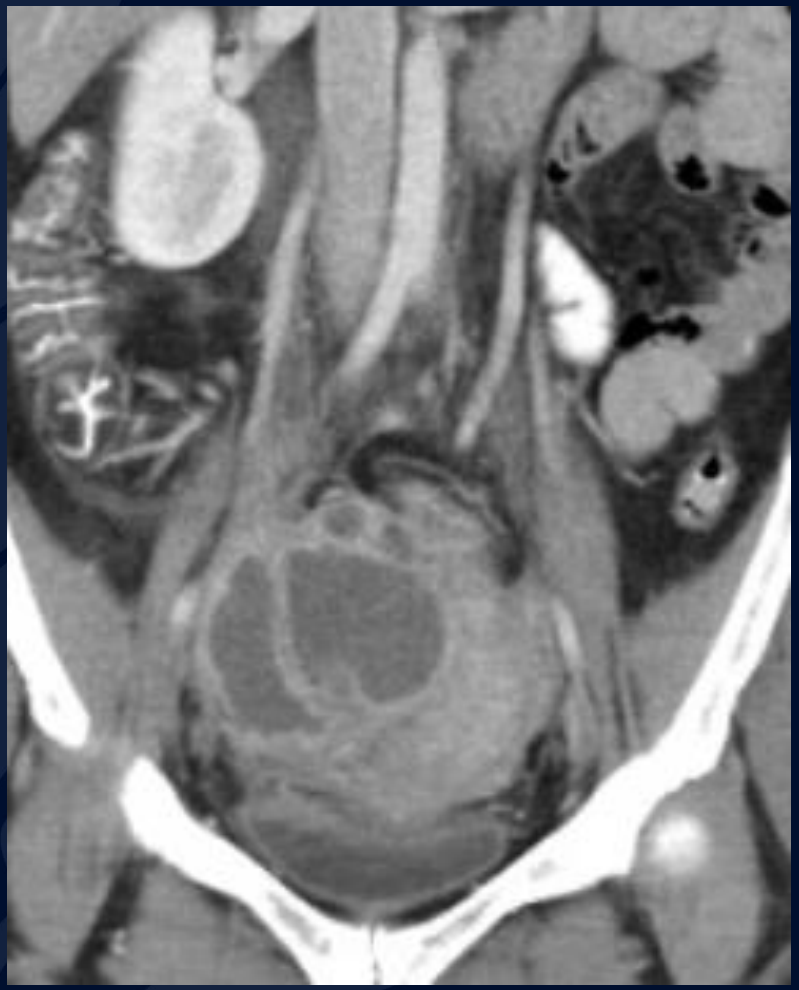

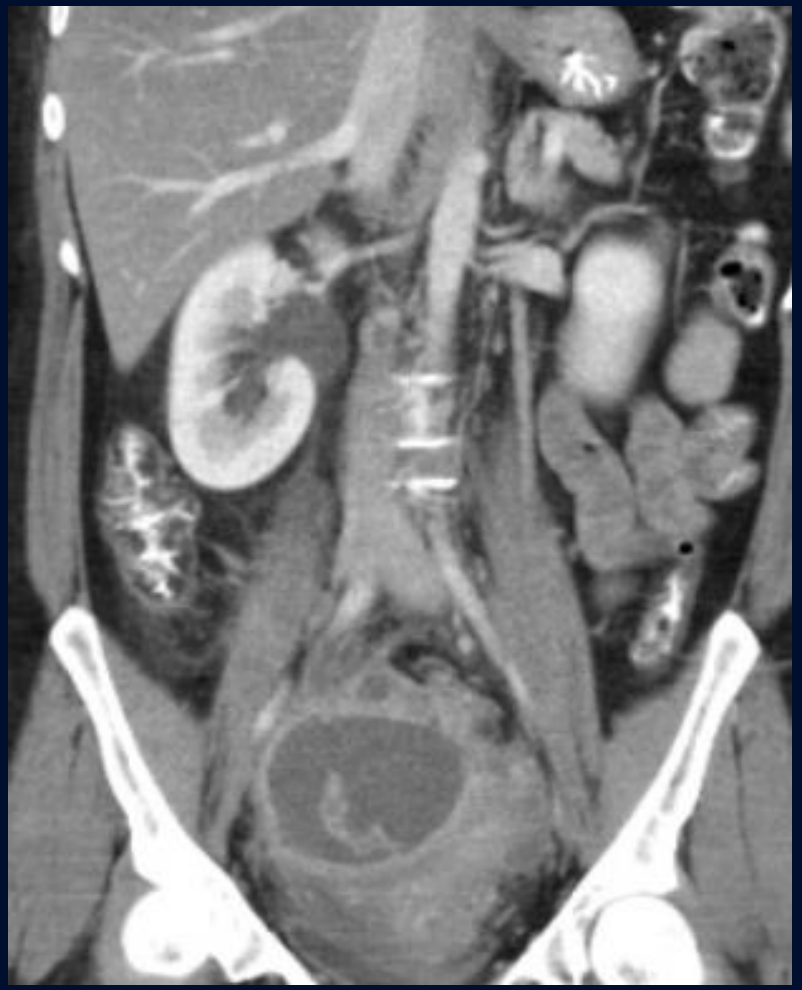

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Tubo-ovarian abscess

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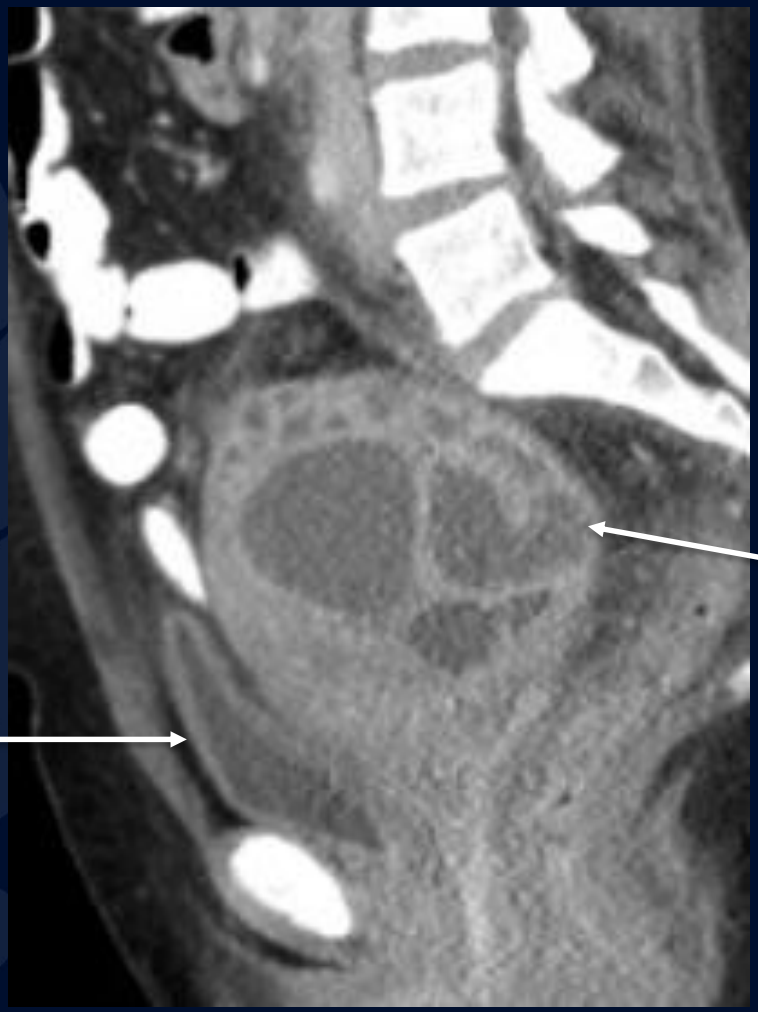

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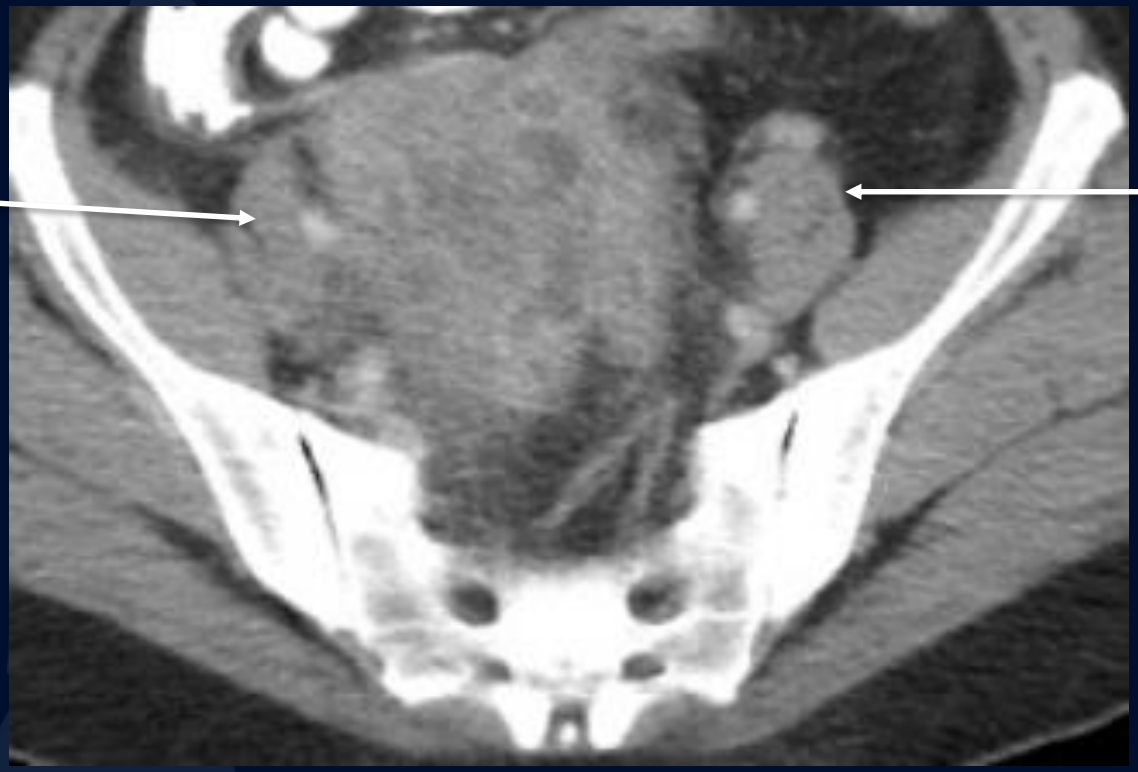

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Tubo-ovarian abscess (TOA)

- 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

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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

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References

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5. Pashankar, R., Gillis E., Kincaid, B., Baldwin, M. Tubo-ovarian Abscess. Radiology Online 2019. University of Connecticut.

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