

Laparoscopic Finding in Thai Women with Chronic Pelvic Pain

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Abstract

Objective : To study the laparoscopic findings in Thai women with chronic pelvic pain.

Setting : The Gynecology Endoscopy unit, Department of Obstetrics and Gynecology, Faculty of Medicine, King Chulalongkorn Memorial hospital.

Design : Descriptive study.

Material and Method : The medical records of Thai women with chronic pelvic pain undergoing laparoscopic diagnosis from January 1996 to December 2001 at King Chulalongkorn Hospital were reviewed. Patients' characteristics and laparoscopic findings were reviewed and analyzed.

Results : One hundred and ten eligible women were enrolled in this study. The mean age was 33.9 ± 7.2 years old (16-54 years old). Sixty-seven (60.90%) women had endometriosis, 14 (12.73%) women had pelvic adhesion, 4 (3.64%) women had myoma uteri, 4 (3.64%) women had tubal occlusion and 13 (11.81%) women had normal findings. The majority (38.15%) of endometriosis findings were in minimal stage of American Fertility Society (AFS) scores.

Conclusions : The vast majority of causes of chronic pelvic pain in women in this study was pelvic endometriosis. Laparoscopic diagnosis was an important tool for identifying the causes in Thai patients.

Key word : Chronic Pelvic Pain, Laparoscopy

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Chronic pelvic pain (CPP) is one of the most concern problems of reproductive women and is the reason for 10 per cent of all women's visits to gynecologists. It is responsible for approximately 40 per cent of laparoscopy and 10 per cent - 15 per cent of hysterectomies⁽¹⁾. Chronic pelvic pain causes significant anxiety and concern about the patient's well being and ability to function. Fifteen per cent of women who had chronic pelvic pain had to have time off from work and 45 per cent experienced reduced productivity⁽²⁾. Chronic pelvic pain can be defined as a nonmenstrual pain of 3 or more months duration that localizes to the anatomic pelvis and is severe enough to cause functional disability and require medical or surgical treatment⁽³⁾. The differential diagnosis of chronic pelvic pain can be gynecologic diseases and non-gynecologic diseases. In order to identify the diagnosis, laparoscopy has been widely used as a diagnostic tool for chronic pelvic pain. It is a minimally invasive surgical technique. Up to now, there is no data concerning the finding and prevalence of the causes of CPP in Thai women. The aim of this study was to study the laparoscopic findings in Thai reproductive women who experienced chronic pelvic pain.

MATERIAL AND METHOD

From 4,508 medical records of women undergoing laparoscopic diagnosis between January 1996 and December 2001, 110 women came with the history of chronic pelvic pain. All of them were aged between 16-54 years and had symptoms of CPP. In the present study, CPP was defined as a non-menstrual pain of 6 or more months in duration that was localized to the anatomic pelvis and was severe enough to cause functional disability and required medical or surgical treatment. The women must have had no contraindications for laparoscopy such as diaphragmatic hernia, cardiac or pulmonary diseases, previous extensive pelvic adhesion, huge pelvic mass and severe obesity (body mass index more than 30 kg/m²). Diagnostic laparoscopy was done by the 3 clinical fellows of the reproductive medicine unit under the supervision of 10 faculty staffs who were trained to perform the standard techniques and had more than 2-years experience. The operation was done using 75 mg of Pethidine and 5 mg of Midazolam intravenously 5 minutes before the operation. The patients were in the lithotomy position and the upper part was tilted down 15 degrees. The uterine elevator was gently inserted transvaginally. Veress needle and primary trocar were

inserted at the subumbilical region. CO₂ gas was flowed under controlled pressure between 15-19 mmHg. The findings of all patients were recorded by Video recorder.

Statistical analysis of these patients were done using mean, standard deviation, range and percentage.

RESULTS

One hundred and ten medical records of the eligible women were reviewed. All these women were aged between 16 and 54 years. Mean age and standard deviation were 33.91 ± 7.20 years. Laparoscopic diagnosis was done with no complications. The most common finding was endometriosis in 68 cases (61.82%). The normal findings were 13 cases (11.81%) (Table 1). For the endometriosis group, the revised AFS score⁽³⁾ was used for description of stage of the disease. Most women had minimal disease (Table 2).

DISCUSSION

In the year 1993, there was a report of the usefulness of diagnostic and operative laparoscopy in women with chronic pelvic pain⁽⁴⁾. Laparoscopic abnormalities were reported in 50-61 per cent of patients with chronic pelvic pain⁽⁵⁻¹⁵⁾. Endometriosis was the most common finding. Pelvic adhesion, chronic pelvic inflammatory disease and ovarian cyst were the remaining findings. In the present study, there were more pelvic abnormalities (89.19%) while only 11.8 per cent had a normal finding. The difference in percentage of negative finding between the present study and the previous study may be due to the difference in ethnic group. Thai women have a tendency to go to see the doctor only when they have severe and prolonged pelvic pain because they are shy and try to avoid pelvic examination. However, in the present study the authors used a strict definition of chronic pelvic pain that must be 6 or more months duration. King Chulalongkorn Memorial Hospital is a tertiary care center in Thailand to which patients from all over Thailand are referred. So, more cases with pathologic diseases were found than the previous study.

In the present study, endometriosis was found to be the most common finding (61.82%). Using the AFS score for staging of the disease, minimal and mild endometriosis were the majority. Laparoscopic surgery such as ablation of endometriotic implants or uterosacral nerve ablation can be done in the same operation. The patients will benefit from this opera-

Table 1. Laparoscopic findings of these eligible women in number and percentage.

Findings	N	%
Normal findings	13	11.8
Endometriosis	68	61.8
Pelvic adhesion	14	12.7
Myoma uteri	4	3.6
Tubal occlusion	4	3.6
Ovarian cyst	2	1.8
Adenomyosis	2	1.8
PID	2	1.8
Adnexal mass	1	0.9

tion. There was a report of 63 women who experienced chronic pelvic pain due to endometriosis⁽¹⁶⁾. During the laparoscopic diagnosis, laser ablation, adhesiolysis, uterosacral nerve transaction were done. This combined approach was likely to be beneficial treatment for pelvic pain associated with mild to moderate endometriosis. There was report of using Gonadotropin Releasing Hormone (GnRh) analogue as a hormone suppression test in the management of women with chronic pelvic pain and suspected endometriosis before performing diagnostic laparoscopy^(17,18). The authors claimed that it was a cost effective approach. In Thailand, the cost for diagnostic laparoscopy in a public hospital is around 60-120 U.S.

Table 2. Stage of endometriosis according to AFS score.

	N	%
Minimal	26	38.15
Mild	19	27.63
Moderate	11	15.79
Severe	12	18.43
Total	68	100

dollars while the cost of GnRh analogue is 200 U.S. dollars. So it may be more economical to perform laparoscopic diagnosis in such cases.

The present study had some limitations due to the hospital basis design and there may be selective bias. The authors recommend a study in a general population to evaluate the benefit of diagnostic laparoscopy in Thai women with chronic pelvic pain.

SUMMARY

In the present study, the major finding in Thai reproductive women who had chronic pelvic pain was endometriosis. Diagnostic laparoscopy was an effective tool in the evaluation of chronic pelvic pain.

REFERENCES

1. Gelbaya TA, El-Halwagy HE. Focus on primary care: Chronic pelvic pain in women. *Obstet Gynecol Surv* 2001; 56: 757-64.
 2. Mathias SD, Kuppermann M, Libermann RF, et al. Chronic pelvic pain: Prevalence, health related quality of life, and economic correlates. *Obstet Gynecol* 1996; 87: 321.
 3. Howard HM. The role of laparoscopy in chronic pelvic pain: Promise and pitfalls. *Obstet Gynecol Surv* 1993; 48: 357-86.
 4. Renaer M. Chronic pelvic pain in women. New York: Springer-Verlag 1981: 3.
 5. Kresch AJ, Seifer DB, Sachs LB, et al. Laparoscopy in 100 women with chronic pelvic pain. *Obstet Gynecol* 1984; 64: 672.
 6. Rosenthal RH, Ling FW, Rosenthal TL, et al. Chronic pelvic pain: Psychological features and laparoscopic findings. *Psychosomatics* 1984; 25: 833.
 7. Levitan Z, Eibschitz I, Vries K, et al. The value of laparoscopy in women with chronic pelvic pain and a "normal pelvis". *Int J Gynecol Obstet* 1985; 23: 71.
 8. Rapkin AJ. Adhesion and pelvic pain: A retrospective study. *Obstet Gynecol* 1986; 68: 13.
 9. Bahary CM, Gorodeski IG. The diagnostic value of laparoscopy in women with chronic pelvic pain. *Ann Surg* 1987; 11: 672.
 10. Longstreth GF, Preskil DB, Youkeles L, et al. Irritable bowel syndrome in women having diagnostic laparoscopy or hysterectomy. Relation to Gynecologic features and outcomes. *Digest Dis Sci* 1990; 35: 1285.
 11. Vercellini P, Fedele L, Molteni P, et al. Laparoscopy in the diagnosis of gynecologic chronic pelvic pain. *Int J Gynecol Obstet* 1990; 32: 261.
 12. Koninckx PR, Lesaffre E, Meuleman C, et al. Suggestive evidence that pelvic endometriosis is a progressive disease, where as deeply infiltrating endometriosis is associated with chronic pelvic pain. *Fertil Steril* 1991; 55: 759.
 13. Peters AW, Dorse E, Jellis B, et al. A randomized clinical trial to compare two different approaches in women with chronic pelvic pain. *Obstet Gynecol* 1991; 77: 740.
 14. Mahmood TA, Templeton AA, Thompson L, et al. Menstrual symptoms in women with pelvic endometriosis. *Br J Obstet Gynecol* 1991; 98: 558.
 15. Sutton CJG, Ewen SP, Whitelaw N, et al. Prospective randomized double-blind, controlled trial of laser laparoscopy in the treatment of pelvic pain associated with minimal, mild and moderate endometriosis. *Fertil Steril* 1994; 62: 696-700.
 16. Cochrane Menstrual Disorders and Subfertility Group. Laparoscopic surgery for pelvic pain associated with endometriosis. *The Cochrane Library* 2002; 3: 1-13.
 17. Revised American Society for Reproductive Medicine Classification of Endometriosis : 1996. *Fertil Steril* 1997; 67: 817-21.
 18. Winkel CA. Modeling of medical and surgical treatment cost of chronic pelvic pain: New paradigms for making clinical decisions. *J Manage Care* 1999; 5: S276-90.
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การวินิจฉัยด้วยกล้องส่องในอุ้งเชิงกรานในสตรีไทยที่มีปัญหาการปวดท้องน้อยเรื้อรัง

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วัตถุประสงค์ : เพื่อศึกษาถึงผลการตรวจวินิจฉัยด้วยกล้องส่องในอุ้งเชิงกรานในสตรีไทยที่มีปัญหาการปวดท้องน้อยเรื้อรัง

สถานที่ : หน่วยการผ่าตัดผ่านกล้องทางนรีเวช ภาควิชาสูติศาสตร์-นรีเวชวิทยา, คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย

รูปแบบการศึกษา : วิจัยเชิงพรรณนา

วัตถุประสงค์ : ทำการทบทวนทะเบียนประวัติของสตรีไทยที่มีการปวดท้องน้อยเรื้อรังและได้รับการวินิจฉัยโดยการผ่าตัดผ่านกล้อง ระหว่างเดือนมกราคม พ.ศ. 2539 ถึงธันวาคม พ.ศ. 2544 ที่โรงพยาบาลจุฬาลงกรณ์ เก็บข้อมูลทั่วไปของผู้ป่วยและรวบรวมลักษณะพยาธิสภาพที่พบจากการผ่าตัดผ่านกล้องฯ

ผลการศึกษา : พบมีจำนวนผู้ป่วย 110 ราย อยู่ในการศึกษา อายุอยู่ระหว่าง 16 ถึง 54 ปี อายุเฉลี่ย \pm ส่วนเบี่ยงเบนมาตรฐาน คือ 33.91 ± 7.20 ปี พบสตรี 67 ราย (60.90%) เป็นโรคเยื่อโพรงมดลูกเจริญผิดที่ 14 ราย (12.73%) มีผังผืดในท้องน้อย 4 ราย (3.64%) มีเนื้องอกมดลูก 4 ราย (3.64%) มีท่อรังไข่อุดตันและ 1 3 ราย (11.81%) ไม่พบความผิดปกติสตรีส่วนมาก (38.15%) ที่ได้รับการวินิจฉัยว่ามีโรคเยื่อโพรงมดลูกเจริญผิดที่จัดอยู่ใน Minimal stage ของ AFS score

สรุป : ผู้ป่วยส่วนมากที่มีอาการปวดท้องน้อยเรื้อรังเป็นโรคเยื่อโพรงมดลูกเจริญผิดที่ การผ่าตัดผ่านกล้องเพื่อการวินิจฉัย จัดเป็นเครื่องมือที่สำคัญในการหาสาเหตุของโรคนี้ในสตรีไทย

คำสำคัญ : ปวดท้องน้อยเรื้อรัง, การผ่าตัดผ่านกล้องเพื่อการวินิจฉัย

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