

Pedi ER Conference
02/01/2013

RETROPHARYNGEAL ABSCESS

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PGY1

17yo F presents to the ED with sudden onset LLQ pain that started 4hrs PTA. She described her pain as severe, cramping, constant pain localized to LLQ. Associated symptoms are nausea and vomiting, but ROS was otherwise negative. Her last menstrual period was 10days ago, and it was normal. She admits to having a boyfriend, but denies ever having been sexually active.

- Physical exam

- V/S: T 37.6C, HR 80bpm, RR 18, BP 106/70
- HEENT: wnl
- CVS: RRR, no murmurs, gallups, or rubs
- Lungs: CTAB
- Abdomen: normal BS, S/ND, **tenderness in LLQ**, negative peritoneal signs, negative CVA tenderness, no HSM
- Pelvic exam: **Adenexal mass and tenderness noted**, no CMT, no vaginal discharge

- Based on the H&P, which of the following is the most important laboratory test to obtain at this time?
 - A. CBC with differential
 - B. CRP
 - C. β -HCG
 - D. BMP
 - E. IL-6

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Explanation

c. β -HCG--In a woman with acute pelvic pain and an adnexal mass, differential dx should include: ovarian torsion, ectopic pregnancy, a ruptured ovarian cyst, and tuboovarian abscess. **Pregnancy testing is essential**, as ectopic pregnancy must be excluded in all women of childbearing yrs with acute pelvic pain. Additionally, pregnancy is associated with increased risk for torsion and knowledge of pregnancy status helps to guide management to ensure maternal and fetal safety.

A, B, & D: While the presence or absence of abnormalities in laboratory tests such as CBC, CRP and BMP, may reveal helpful information in evaluating the patient in the scenario above, those findings are generally nonspecific, and do not contribute to establishing diagnosis.

E: Small observational studies have found an association between an increased level of serum interleukin-6 (IL-6) and ovarian torsion, however, further investigation is needed to evaluate use of serum IL-6 for diagnosis of torsion

CBC and BMP were found to be wnl and β -HCG was negative. Based on your evaluation thus far, you suspect the patient may have ovarian torsion. What is the best measure to confirm a diagnosis of ovarian torsion?

- a. Transabdominal US
- b. Transvaginal pelvic US
- c. Laparoscopy
- d. Pelvic CT
- e. Pelvic MRI

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Explanation

D & E : US is the imaging modality of choice for evaluating suspected ovarian torsion—relatively less expensive than CT and MRI, and its diagnostic performance is similar

A & B: Both a *transvaginal and transabdominal ultrasound should be obtained in most patients* to visualize both abdominal processes and provide the best images of pelvic structures. The decision to proceed with surgery is based upon a clinical diagnosis made with a combination of symptoms, signs, and ultrasound findings. (Of note, a small percentage of patients with ovarian torsion may have no abnormalities on US). The decision to proceed with surgery, however, must often be made in the absence of some of these clinical features.

C. Laparoscopy: A definitive diagnosis of ovarian torsion is made by direct visualization of a rotated ovary at the time of surgical evaluation.

Thank You!

References

Growdon, Whitfield B. and Laufer, Marc R. Ovarian and Fallopian Tube Torsion. In: UpToDate, Faulk, SJ (Ed), UpToDate, 2012.