Research Article

Chronic pelvic pain: Prevalence, Causes and Approach for Management in Minia locality

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Abstract

Introduction: Ceaseless pelvic agony (CPP) is characterized as irregular or steady torment in lower stomach area or pelvis of a woman of at any rate a half year in span not happening only with feminine cycle or intercourse and not related with pregnancy. Aim of the Work: The aim of the study is to assess Prevalence, causes and strategy of management for chronic pelvic pain in Minia maternity university hospital. Patients and Methods: This study is prospective study included sample of non pregnant women in child bearing period. These women were selected from the attendants of gynecological outpatient clinic at Minia Maternity University Hospital during the period from January 2019 to June 2019. Results: Our study done at the period from January 2019 till June 2019 on 75 non pregnant women ,we selected them from 3936 attendants—to the outpatient clinic in our hospital who were chosen due to fulfilling inclusion criteria so the prevalence of CPP was1,9% as shown in the following. Conclusion: Interminable pelvic agony (CPP) is an under analyzed malady we attempted in our forth-coming investigation to make ventured methodology for its determination and the board as could reasonably be expected.

Keywords: CPP: Ceaseless pelvic agony, TENS: Transcutaneous electrical neuromuscular incitement.

Introduction

Ceaseless pelvic agony (CPP) is characterized as irregular or steady torment in lower stomach area or pelvis of a woman of at any rate a half year in span not happening only with feminine cycle or intercourse and not related with pregnancy. Most specialists concur that patients ought to be determined to have constant pelvic agony in the event that they have torment essentially situated in the pelvis for more than 3-6 months term.

Incessant pelvic agony is a typical issue. It influences roughly 1 of every 7 ladies universally. In one investigation of regenerative matured ladies in essential consideration rehearses, the revealed commonness pace of pelvic agony was 39%. Of all referrals to gynecologists, 10% are for pelvic torment. (Frawley et al., 2007).

Constant pelvic torment (CPP) is a typical issue and presents a significant test to medicinal services suppliers due to its muddled etiology, complex characteristic

history, and poor reaction to treatment. (Kadan et al., 2014).

Incessant pelvic agony is inadequately comprehended and, thusly, ineffectively oversaw. This condition is best overseen utilizing a multidisciplinary approach. The executives requires great coordination and information on all pelvic organ frameworks and different frameworks including musculoskel et al., neurologic, and mental frameworks. (Howard et al., 2000).

A critical number of these patients may have different related issues, including bladder or inside brokenness, sexual brokenness, and other foundational or sacred side effects. Other related issues, for example, melancholy, nervousness, and illicit drug use, may likewise coexist. (Suskind AM, et al, 2012). The pathophysiology of incessant pelvic torment is mind boggling and multifactorial. It stays muddled. (Anderson et al., 2001).

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Aim of The Work

The aim of the study is to asses Prevelance, causes and strategy of management for chronic pelvic pain in Minia maternity university hospital.

Patients and Methods

This study is prospective study included sample of non-pregnant women in child bearing period.

These women were selected from the attendants of gynecological outpatient clinic at Minia Maternity University Hospital during the period from January 2019 to June 2019. After getting approval from the ethical committee of Obestetrics and Gynecology department at 17-2-2019. No (MUEOG000 32)

All study details were explained for the patients before getting informed consent from all patients.

This study recruited all patients with chronic pelvic pain with age from 18-45 years old.

Inclusion criteria

Women in child bearing period from (18-45*). CPP (chronic intermittent or continuous pelvic non menstrual pain for 3-6 months). Minia governorate.

Patient approval Exclusion criteria

From any Governorate outside Minia Patient refusal.

Results

Our study done at the period from January 2019 till June 2019 on 75 non pregnant women, we selected them from 3936 attendants to the outpatient clinic in our hospital who were chosen due to fulfilling inclusion criteria so the prevalence of CPP was 1,9% as shown in the following table:

Table (1): Prevalence of chronic pelvic pain among clinic attendants in 6 months (n=3936).

| Prevalence of chronic pelvic pain | 75 (1.9%) |
|-----------------------------------|------------------|
| | |

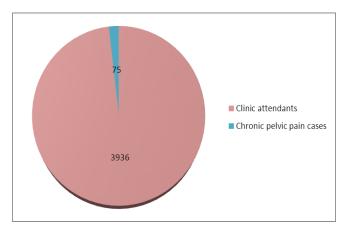


Fig. 1: Prevalence of chronic pelvic pain among clinic attendants

We concluded from the demography of our study that CPP affected rural women than urban, married and multipara more than

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single or nullipara also affected illiterate women than educated one as shown in following table:

Table (2): Demographic data of all studied cases (n=75).

| Age (years) | |
|-------------------|------------|
| Mean ± SD | 33±8 |
| | 19-45 |
| Range | 19-43 |
| Residence | |
| Urban | 16 (21.3%) |
| Rural | 59 (78.7%) |
| Occupation | |
| Housewife | 64 (85.3%) |
| Working | 11 (14.7%) |
| Marital status | |
| Married | 74 (98.7%) |
| Single | 1 (1.3%) |
| Parity | |
| Nulliparous | |
| P0+0 | 1 (1.3%) |
| P0+1 | 1 (1.3%) |
| Multipara | 73 (97.3%) |
| Medical diseases | |
| DM | 4 (5.3%) |
| HTN | 3 (4%) |
| Heart disease | 1 (1.3%) |
| No | 67 (89.3%) |
| Educational level | |
| Illiterate | 39 (52%) |
| 1ry | 10 (13.3%) |
| 2ry | 23 (30.6%) |
| University | 3 (4%) |

Conclusion

Interminable pelvic agony (CPP) is an under analyzed malady we attempted in our forthcoming investigation to make ventured methodology for its determination and the board as could reasonably be expected. we discovered its predominance in Minia region was 1.9% as we utilized a changed approved poll at the main visit to encourage assortment of information. at long last multidisciplinary approach is a key for the assessment and the executives of interminable pelvic torment.

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