

DIFFERENTIAL DIAGNOSIS FOR SYMPTOMS OF ACUTE ABDOMEN IN WOMEN AT THE CURRENT LEVEL

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Abstract. *The most common operations for acute abdomen are ectopic pregnancy (67.4%), ovarian apoplexy (25.1%), and adnexal torsion (5%). Purpose of the study to evaluate the possibilities of differential diagnosis for symptoms of acute abdomen in women. Based on the data, we can conclude that the symptoms of “acute gynecological abdomen” are most easily differentiated based on medical history and ultrasound data. In advanced cases of hemoperitonium, it is more difficult to distinguish the nature of the pain than in other situations.*

Keywords: *acute gynecological diseases, laparoscopic and laparotomic methods, intra-abdominal bleeding (ovarian apoplexy), cystic formations, tumor formations, ovulatory syndrome, algomenorrhea, ectopic pregnancy, pelvic organ injuries.*

Relevance. Abdominal pain is one of the most common reasons for seeking emergency help. This problem is especially relevant when we talk about the “acute abdomen” syndrome in girls, young women and women, since in this category of patients a huge number of gynecological pathologies are added to the structure of the causes of abdominal pain: acute inflammatory diseases of the uterine appendages (salpingitis, adnexitis, oophritis, salpingophritis, pelvioperitonitis); diseases causing intra-abdominal bleeding (ovarian apoplexy), cystic formations of the uterine appendages, torsion of the uterine appendages, tumor formations, ovulatory syndrome, algomenorrhea, ectopic pregnancy, pelvic organ injuries [1-4].

These diseases can manifest themselves either independently or as a combined pathology with a surgical disease such as acute appendicitis. Then we will talk about appendicular-genital syndrome - a condition in which there is a relationship between the inflammatory process of the uterine appendages and the appendix [3, 5]. Differential diagnosis of gynecological diseases that cause the clinical picture of an “acute abdomen” and the most common surgical disease, acute appendicitis, can be difficult, since the clinical picture of these pathologies is very similar, given the anatomical proximity of the appendix and the pelvic organs, and at the same time diverse. The diversity will depend on the localization of the process, severity, time from the onset of the disease [1, 4, 6].

Inflammatory diseases of the uterine appendages, cystic and tumor formations, as well as torsion of the uterine appendages deserve special attention, since diagnostic errors can lead to various complications, reproductive dysfunction and infertility [5, 7, 8]. All this requires the doctor to have additional knowledge about the diagnosis and treatment of these diseases. In diagnosis, priority is given to clinical examination [4].

To successfully diagnose diseases that cause abdominal pain, additional research methods are used, such as ultrasound sonography and video laparoscopy, the capabilities of which are not

limited to establishing a diagnosis. Laparoscopic interventions also make it possible to determine further tactics for patient management, perform simultaneous operations, reduce surgical trauma, and are effective in the treatment of gynecological pathology that causes “acute abdomen” syndrome [8, 9].

Based on the fact that these surgical interventions already involve trauma to the reproductive organs, and sometimes resection or ectomy, it is necessary to carefully consider a treatment plan with minimal trauma to preserve fertility.

Aim of the study. To evaluate the possibilities of differential diagnosis for symptoms of acute abdomen in women.

Materials and methods. Data from patients admitted with complaints of pain in the lower abdomen with or without irradiation were retrospectively studied. All patients had a clinical and objective picture of an acute abdomen.

The examination of women included: determination of clinical and anamnestic features, laboratory diagnostics (general blood test, general urinalysis, blood clotting test, coagulogram, biochemical blood test), instrumental methods (ultrasound diagnostics of the pelvic and abdominal organs).

Results and discussion. The age of the patients ranged from 22 to 48 years, with an average of 33.4±2.2 years. All patients complained of acute pain in the abdomen and lower abdomen. Difficulties in differential diagnosis arose in diffuse forms of the disease, when hemoperitonium occurred. They were often accompanied by undefined localization, that is, the patient complained of pain in the abdominal cavity and could not indicate a specific quadrant. When the patient moves from a supine position to a horizontal position, the pain intensifies sharply. This is due to the accumulation of blood and inflammatory exudate in the abdominal cavity, irritating the nerve endings. This also explains the tension in the muscles of the anterior abdominal wall.

In 40% of cases, patients took antispasmodics on their own. At the same time, 20% experienced a temporary improvement of 20-30 minutes. In 20% of cases, patients took tablet forms of non-steroidal anti-inflammatory drugs, which contributed to an imaginary improvement also for a certain time.

There were no peculiarities in the life history and heredity data. In laboratory tests of all patients, an increase in leukocytes was observed, with a leukocyte shift to the left, and an increase in the erythrocyte sedimentation rate. Biochemical parameters were within normal limits, the coagulogram also showed normal values. Basically, data on normal stool and the passage of gases made it possible to exclude intestinal pathology. The final diagnosis was made according to ultrasound data; if an ectopic pregnancy was suspected, a hCG test was performed.

All patients underwent a standard examination based on the protocol and were given a diagnosis and indications for surgical treatment. In the structure of diagnoses ectopic pregnancy (50%) dominated in the first group, and in the second group, cyst rupture (40%) and ectopic pregnancy (40%) shared the main place.

In general, the volume of surgery was the same in both groups. The average operation time for the laparoscopic method took 40-45 minutes in all cases, and for laparotomy the operation time had a different variation (5% of cases the operation was done in 15 minutes, while in 20% of cases it took 85 minutes) although in most cases also as with laparotomy, it took 40-45 minutes. Given the variations in our hearing, laparotomy took about an hour on average.

Conclusion. Based on the data, we can conclude that the symptoms of “acute gynecological abdomen” are most easily differentiated based on medical history and ultrasound data. In advanced cases of hemoperitonium, it is more difficult to distinguish the nature of the pain than in other situations.

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