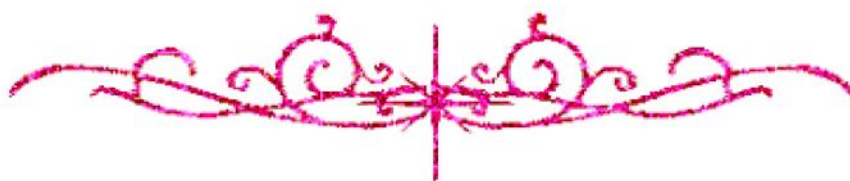


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شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم



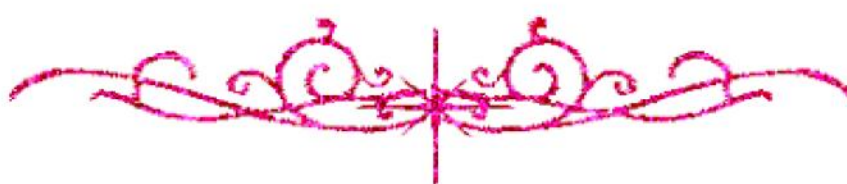
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شبكة المعلومات الجامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



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شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



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بعض الوثائق الأصلية تالفة



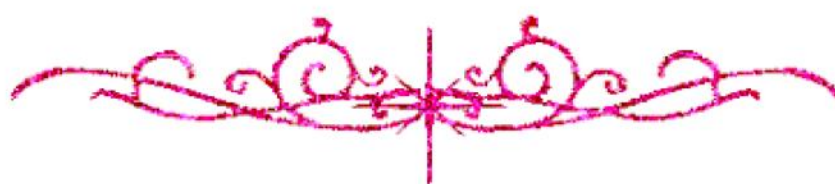
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شبكة المعلومات الجامعية



**بالرسالة صفحات
لم ترد بالأصل**



COMPARATIVE STUDY OF THE ROLE OF ULTRASONOGRAPHY, LAPAROSCOPY AND HYSTEROSCOPY IN THE DIAGNOSIS OF CHRONIC PELVIC PAIN

Thesis

*Submitted for Partial Fulfillment for the M.D. Degree in
Obstetrics and Gynecology*

B17799

By

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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INTRODUCTION

INTRODUCTION

Chronic pelvic pain (C.P.P.) is one of the most frustrating and controversial areas of gynecologic practice. Although a number of possible organic conditions have been considered as aetiologic factors, no physical abnormality can be documented in many women who report CPP (*Anna et al., 1991*).

An initially troublesome problem is defining the criteria that lead to diagnosis of CPP. Chronic pain (not necessarily pelvic) has been defined in all of the following ways (*Bonica, 1989*):

- Pain that continues beyond the expected healing time.
- Pain that continues with no apparent patho-physiological basis.
- Pain of more than 6 (or 3) months duration.
- Pain with demonstrable tissue origin in which the complaint is disproportional to the organic findings.
- Pain with a demonstrable non-neoplastic cause but with no medical, surgical or pharmacological avenue of appropriate treatment.
- Pain that recurs at intervals for months or years.

Although the subcommittee on taxonomy of the international association for the study of Pain (1989) has generally recommended the first of these definitions in defining chronic pain, this definition is not readily applicable to CPP, so a number of gynecologists have instead used a duration of 6 or more months.

For example, *Vercellini et al. (1989)*, used a very inclusive definition: "Constant or intermittent cyclic or acyclic pain that persists for

6 months or more and includes dysmenorrhea, deep dyspareunia and intermenstrual pain. But *Reiter and Gambone (1991)*, used "non cyclic pelvic pain that has persisted for longer than 6 months", a definition that does not include patients with dysmenorrhea as the only manifestation of chronic pain. *Steege and Stout (1991)*, in their report on adhesiolysis for CPP, also have used non-cyclic pain to define CPP. In *Kresch and Co-Workers (1984)* laparoscopic evaluation of CPP patients were included with cyclic, noncyclic, constant or intermittent pain, but the stipulation of consistent location was included in the definition.

In addition to these variations in defining the nature of the pain in CPP, an actual omission in the definitions used by most authorities is a statement about the location of the pain.

Whereas some physicians consider pelvic pain to specifically mean pain within the true pelvis, others include the anatomic reflection onto the anterior abdominal wall between and below the anterior superior iliac crests and some mean any abdominal pain below the umbilicus. Additionally some physicians include, pain with radiation into the flanks, upper abdomen or upper thighs (*Fred, 1993*).

One possible definition of CPP is non-menstrual pain of 3 or more months duration that localizes to the anatomic pelvis and is severe enough to cause functional disability and requires medical or surgical treatment. This definition distinguishes CPP from dysmenorrhea and from chronic abdominal pain, even though there may be overlapping etiologies (*Fred, 1993*).

Bonica (1989), raised a couple of points about chronic pain. First, he strongly disagreed with the use of arbitrary times, such as 3 or 6 months, in defining chronic pain, as he believed that this may delay appropriate treatment in the early stages of pain-causing disease and may lead to permanent tissue damage, with a subsequent poor response to any treatment. Second, experience in patients with chronic pain other than CPP has strongly suggested that whereas acute pain is a symptom of the disease, chronic pain itself is the disease.

AIM OF THE WORK