

Evidence Discussion (PV 11)

- Transabdominal pelvic and/or transvaginal pelvic ultrasound are widely accepted as the initial imaging modality of choice for pelvic pain of gynecologic origin^{1,2,3,4}. Ultrasound also allows for real-time evaluation with color and power Doppler which can help identify vascular flow and distinguish fluid and cysts from soft tissue^{1,2,3}. Additional benefits to ultrasound as a first line imaging modality include wide availability, fast access, and lack of ionizing radiation exposure.
- MRI is accepted as an adjunct modality to ultrasound in cases where ultrasound may not fully characterize a soft tissue abnormality due to its superior signal to noise ratio.^{1,2,3}. CT of the pelvis may demonstrate engorged veins, pelvic fluid, peritoneal thickening, hydrosalpinx or pyosalpinx and tubo-ovarian abscess^{1,2}.
- MRI pelvis, CT pelvis or endoanal ultrasound are appropriate for the evaluation of proctalgia after digital rectal examination, pelvic examination in females and recent endoscopy to exclude inflammatory conditions or malignancy⁵.
- Often, the history, physical examination, and laboratory data can guide subsequent workup in individuals presenting with pelvic pain. If initial ultrasound is normal, further evaluation may include urological work-up, gastroenterology work-up, or laparoscopic evaluation(s)⁶.
- The differential diagnosis for chronic pelvic pain is extensive. Determining the etiology of pelvic pain is important to plan treatment^{6,7,8}.

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3. ACR Appropriateness Criteria® Acute Pelvic Pain in the Reproductive Age Group. Ultrasound Quarterly. 2016 - Volume 32 - Issue 2 - p 108-115 doi: 10.1097/RUQ.0000000000000200

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