

Case Report / Olgu Sunusu

Satisfying Result of Laparoscopy for Pelvic Inflammatory Disease in an Adolescent Girl

Adolesan Bir Kız Hastada Pelvik İnflamatuvar Hastalık için Laparoskopinin Tatmin Edici Sonucu

Atilla Şenayli¹, Rabia Demir², Süleyman Arif Bostancı², Guney Ağırbaş², Can Oztorun², Emrah Şenel¹

¹Yıldırım Beyazıt
Üniversitesi Tıp Fakültesi
Çocuk Cerrahisi AD. Ankara
/ Türkiye

²Ankara Çocuk Sağlığı Ve
Hastalıkları Hematoloji Ve
Onkoloji Hastanesi Ankara /
Türkiye

Corresponding Author:

Yrd. Doç. Dr. Atilla

ŞENAYLI

Yıldırım Beyazıt Üni. Tıp
Fakültesi Hastanesi Çocuk
Cerrahisi AD ANKARA-
TURKEY

Telefon : 090 506 691 7990

Faks : 090 312 3452330

Email:

atillasenayli@gmail.com

ÖZET

Özellikle bakire olan adolesan kız hastalarda pelvik inflamtuvar hastalık seyrek görülen bir hastalıktır. Çoğunlukla tuboovaryen apseler hastalık sebebidir. Ne var ki, teşhis etmek zor olduğu için bu hastalığın değerlendirilme kriterleri tartışmalıdır. Bizim kanaatimize göre laparotomi, laparoskopik değerlendirilmenin varlığında agresif bir yöntem olarak gözükmemtedir. Ayrıca, ameliyat alanında yapışıklıklar bulunsa da tedavi prosedürleri uygulanabilir. 12 yaşında bir kız hastada preoperatif olarak ovaryen kist teşhis edilen ancak over apsesi ve adhezyonlar ile gelişen pelvik inflamtuvar hastalık ile sonuçlanan tecrübemiz yazılmıştır.

Anahtar Kelimeler: Laparoskopi, Pelvik inflamatuvar hastalık, adolesan, ergen

ABSTRACT

Pelvic Inflammatory Disease is an infrequent problem in adolescent age group especially for virgins. Tuba-ovarian abscesses may be the reason for the disease mostly. However, as it is hard to diagnose, evaluation of these problems may also be on debate. In our opinion, laparotomy will be an aggressive way of manipulation in the presence of laparoscopy evaluations. In addition, treatment procedure may be performed even if adhesive reactions are present in the operation area. We experienced and reported a 12-year-old female patient with preoperative diagnosis as ovarian cyst but resulted as pelvic inflammatory disease caused by ovarian abscess and adhesions.

Laparoscopy, Pelvic Inflammatory Disease, Adolescent

INTRODUCTION

Diagnosis of the Pelvic Inflammatory Disease (PID) is summarized as a genital infection like salpingitis, oophoritis with peritonitis (1). Differential diagnosis of PID may be difficult as diseases like ovarian hemorrhagic cyst, tumors, tubal diseases, appendicitis may be possible other problems (2). PID is a rare problem for virgin adolescents (3, 4). Tubo-ovarian abscess may be responsible for PID at this age group (2). It is hard to find an optimum diagnostic modality for PID (5). The help of laparoscopy visualizations will simplify diagnosis as radiologic examinations because Doppler and MRI will not always be sufficient enough to define a specific disease (2).

CASE

12-year-old girl was admitted to pediatric surgery clinics. She had abdominal pain. She denied genitourinary complaints or coitus. There was no physical examination finding for genital disease. On physical examination, abdominal tenderness was found. There was a slight leukocytosis, and other laboratory examinations were normal. Pelvic ultrasound revealed 69X57X75 mm high-density lesion located probably near or in the left ovary. USG was concluded as a possible diagnosis of abscess formation. Antibiotic treatment including anaerobic microorganisms has started. Operation was planned, and minimal invasive technique is selected for exploration. Three-port procedure was used. During exploration, omentum was hardly dissected from pelvic region (Figure-1). Uterus and tuba were seemed to be edematous and left over had a dense and edematous appearance (Figure-2). Abscess was drained during the evaluation of this side of the region, and sample from the abscess was obtained. Candida was cultured in this sample. Posterior uterus area was dissected bluntly and, as a

result, hemorrhage occurred (Figure 3). As the cause of the abscess was not certain, appendix was sought, and normal appendix was seen. Small and large intestinal parts of the region were normal. After these explorations, pelvic inflammatory disease was diagnosed. The operation was ended with a drain externalized from one of the port sides. After 6 days hospitalization, patient was discharged with antifungal and prophylactic antibiotic therapy. Follow-up examinations are normal. Patient has no complaints.

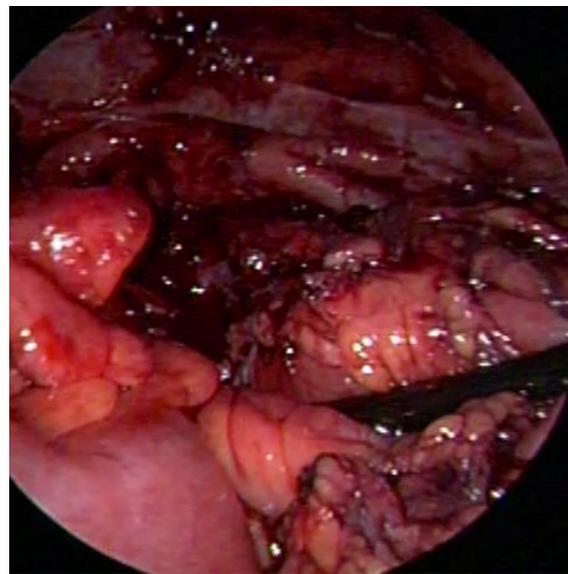


Figure-1: Omentum removal from inflammatory area with hemorrhage.

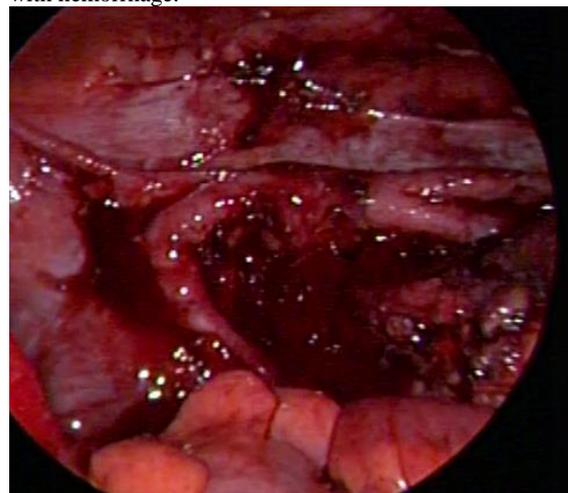


Figure-2: Tuba uterine and uterus with edema and inflammation.

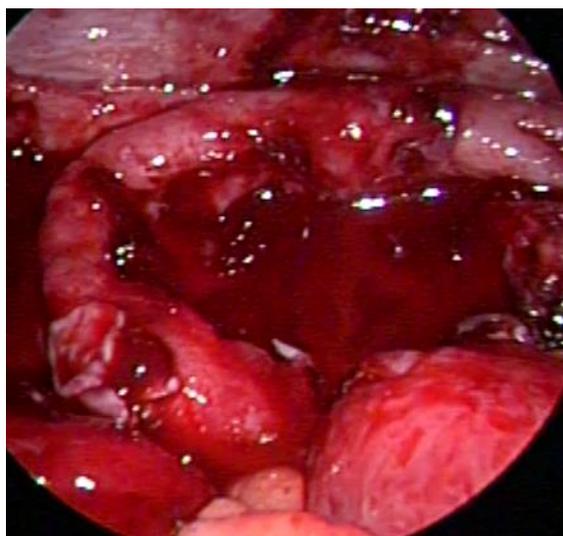


Figure-3: Hemorrhage after blunt dissections through posterior uterus region.

DISCUSSION

Multiple etiologic factors may be the reason for PID, and diagnosis with laboratory examinations is hard enough (6,7). Ascending chlamydial or gonococcal infections are the main reason (6,7). Sexual activity raises the risk of PID for adolescent patient to 10 folds (7). In routine process, surgery is not in the protocol for PID treatment (6,7). However, surgery for PID is a known procedure especially for diagnostic reasons.

Laparoscopy is not a first choice to evaluate the diagnosis for PID. As, PID is hardly detected in the differential diagnosis, especially in pediatric age groups; operation may be needed to examine the possible diagnosis as appendicitis or reasons like intestinal perforation (4). In addition, virginity is another problem during the elimination of PID. However, laparoscopy, in PID suspected patients or those who were resulted as PID, shortened hospitalization days according to conservative and laparotomy treatments (1). We mostly performed laparoscopy for the patients with ovarian pathologies. Most of them were ovarian torsions but, for this patient, we also performed laparoscopy to investigate the possibility of dense lesion that might be

abscess. In this patient, we did not expect to face with because it is really a very rare diagnosis in our country at this age. We did not convert the operation to laparotomy. Although blunt dissections of the region were harder than some other diseases, we successfully drained all abscess locations, and evaluate all probable reasons for PID.

We concluded that PID diagnosis might step forward surprisingly for this type of patients but laparoscopy is not a choice to regret about. We suggest our colleagues using laparoscopy in evaluation and treatment.

REFERENCES

- 1-Schindlbeck C, Dziura D, Mylonas I. Diagnosis of pelvic inflammatory disease (PID): intra-operative findings and comparison of vaginal and intra-abdominal cultures. *Arch Gynecol Obstet* 2014; 289:1263–1269
- 2-Lee KH, Yeung CK, Tam YH, Liu KKW. The use of Laparoscopy in the management of adnexial pathologies in children. *ANZ J Surg* 2000; 70: 192-195.
- 3-Kielly M, Jamieson MA. Pelvic inflammatory disease in virginal adolescent females without tubo-ovarian abscess. *J Pediatr Adolesc Gynecol* 2014; 27: e5-7.
- 4-Goodwin, K. Fleming, N. Dumont, T. Tubo-ovarian Abscess in Virginal Adolescent Females: A Case Report and Review of the Literature. *J Pediatr Adolesc Gynecol* 2013; 26 : e99-e102.
- 5-Trent M, Lehmann HP, Qian Q, Thompson CB, Ellen JM, Frick KD. Adolescent and parental utilities for the health states associated with pelvic inflammatory disease. *Sex Transm Infect* 2011; 87: e583-e587.
- 6-Igra V. Pelvic Inflammatory Disease in Adolescents. *AIDS Patient Care and STDs* 1998; 12: 109-124.
- 7-Browner-Elhanan KJ, Coupey SM. Pelvic Inflammatory Disease in Adolescent Girls. *AIDS Patient Care and STDs* 1999; 13: 601-607.