

Case Report on Pelvic Collection

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Abstract: *Introduction:* Intra - abdominal and pelvic abscesses can develop because of multiple etiologies. Typically, these abscesses are managed via a combination of medical (antibiotics) and surgical interventions. Pelvic abscesses are commonly due to gastrointestinal, genitourinary, post - surgical, or rarely idiopathic causes. US, CT, or MRI are the imaging modalities effective in diagnosing and staging abscess severity. Intra - abdominal and pelvic abscesses can develop because of multiple etiologies. Typically, these abscesses are managed via a combination of medical (antibiotics) and surgical (drainage) interventions. I Ultrasound with antibiotics is the procedure of choice because it has an 80% to 90% success rate.

Keywords: Pelvic abscesses, intra-abdominal abscesses, antibiotics, surgical interventions, imaging modalities

1. Case Report

65-year-old patient came to TSM, Medical college gynaecology OPD with complain of pain in lower abdomen for 6 months and blood in stool on and off since 1 year. Patient attained her menopause 10 years back.

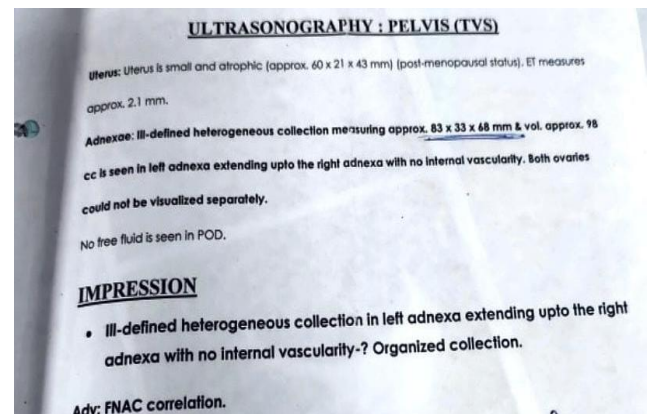
She had a report of CECT pelvis in which there was ovarian mass of - 65*92*62 mm and colonoscopy report suggestive of ulcerative colitis.

Here patient was thoroughly examined. On general examination patient was lean and thin, no pallor, no icterus, no cyanosis, no lymphadenopathy and no edema seen. On abdominal examination generalized tenderness present on superficial palpation. On per speculum examination cervix flushed with vagina and no significant discharge was seen. On per vagina examination - uterus atrophic, no mass felt on both adnexa. On per rectal examination - nodularity present on anterior wall of rectum

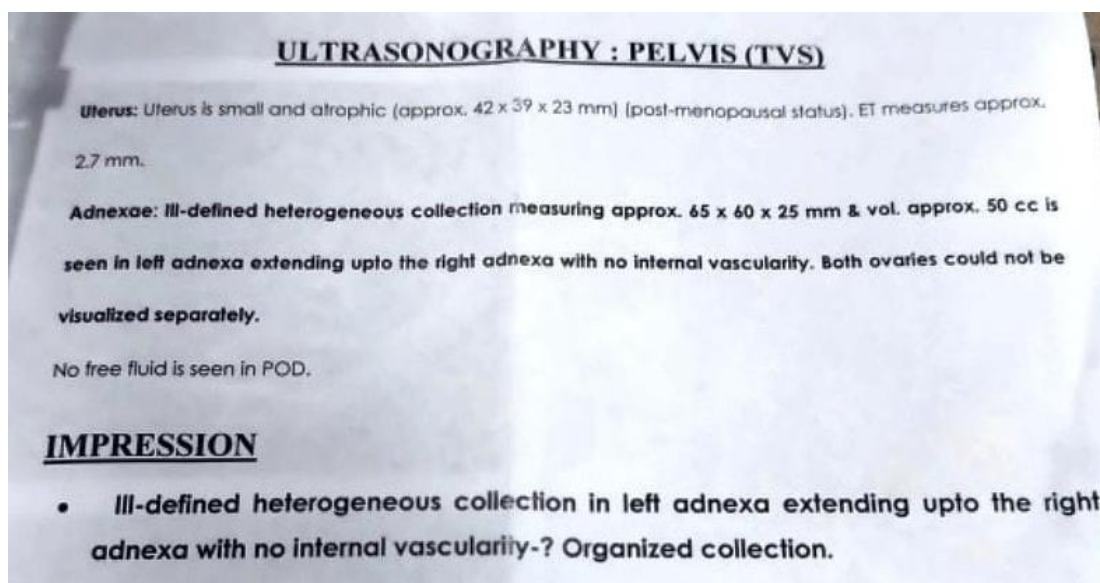
We advised her necessary investigation and kept her on higher antibiotics and injection placentrax.

On TVS report there was organized collection. So we further investigated the patient in line of tuberculosis and after 10 days of conservative management the size of the collection was reduced significantly.

Rare case report with no history of any surgery or trauma with significant collection



Trans Vaginal Report initially when the patient was admitted.



Trans Vaginal Ultrasound Report of the patient after giving higher antibiotics and Inj Placentrax for 10 days

2. Discussion

Pelvic collection due to any etiology may be treated conservatively until patient is stable and no signs of sepsis present.

3. Conclusion

Pelvic collection due to any etiology may be treated conservatively and can be monitored with serial ultrasound.

References

- [1] Elkbuli A, Kinslow K, Diaz B, Hai S, McKenney M, Boneva D. Giant pelvic abscess with sepsis: Case report and review of current literature. *Int J Surg Case Rep.* 2019; 64: 85 - 88. doi: 10.1016/j.ijscr.2019.10.002. Epub 2019 Oct 7. PMID: 31622932; PMCID: PMC6796597.