The Approach to Chronic Pelvic Pain in the Adolescent

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KEYWORDS

• Adolescent • Chronic pelvic pain • Recurrent abdominal pain • Gynecologic • Nongynecologic

KEY POINTS

- A comprehensive history and abdominal, back, and age-appropriate genital/pelvic examination may suggest potential diagnoses or contributing factors, and can be supplemented (but not replaced) with selected imaging and laboratory studies.
- Adolescents and/or parents may want to discuss certain health/social/family history, worries, or mitigating factors with providers privately, and facilitating this opportunity is important.
- Treatment may include medications, surgery, physical therapy, trigger-point injections, psychological counseling, and complementary/alternative medicine interventions.
- Partial or complete outflow tract obstruction is unique to adolescents and causes progressive, often debilitating, pain until diagnosed and treated, and may lead to endometriosis if there is prolonged retrograde menstruation.
- Adolescent endometriosis lesions differ in appearance from those of long-standing adult endometriosis, and are typically vesicular/clear or red/hemorrhagic.
- Establishing realistic evaluation expectations and treatment goals with the adolescent and her family can help minimize doctor-shopping and dissatisfaction, and lead to a therapeutic team approach.

Chronic pelvic pain (CPP) is generally defined as noncyclic pain at or below the umbilicus of at least 3 to 6 months' duration that interferes with daily activities. It is also referred to as recurrent abdominal pain (RAP) in the pediatric literature.[1,2] The differential diagnosis of CPP in adolescents has significant overlap with causes in adults,

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although there are special considerations unique to adolescents such as outflow tract obstruction. It is important for all providers who care for adolescents in primary care, specialty, or emergency settings to be familiar with both gynecologic and nongynecologic causes of CPP so as to optimize patient improvement and minimize medical, surgical, and fertility risks arising from inaccurate or inappropriate diagnosis or treatment modalities (**Box 1**). CPP evaluation in the adolescent poses several additional challenges to providers, including parent-child-provider reluctance to do a gynecologic history or examination and issues with patient-provider confidentiality, as the parent or guardian is generally involved in the visit and medical decision making.

Box 1
Differential diagnosis of adolescent chronic pelvic pain

Gynecologic

- Outflow tract obstruction
- Endometriosis
- Pelvic inflammatory disease
- Ovarian cysts

Nongynecologic

- Genitourinary
  - Interstitial cystitis
  - Urethritis
- Gastrointestinal
  - Abdominal migraine (functional abdominal pain)
  - Chronic constipation/impaction
  - Chronic appendicitis
  - Meckel's diverticulum
  - Hernia
  - Irritable bowel syndrome
  - Inflammatory bowel disease
    - Crohn disease
    - Ulcerative colitis
- Musculoskeletal
  - Abdominal wall muscle strain
  - Abdominal/vaginal myofascial trigger points
  - Nerve entrapment/injury
- Psychosomatic
  - Chronic anxiety/depression
  - Physical abuse or neglect
  - Sexual abuse
  - Secondary gain/fictitious
  - Munchausen syndrome by proxy