

INTRODUCTION

The acute abdomen defined as a clinical condition characterized by the sudden onset of severe abdominal pain, tenderness and muscular rigidity that requires medical or surgical management. There are a variety of conditions likely to cause an acute abdomen and there are also a number of medical conditions such as myocardial infarction and pneumonia which can cause symptoms which mimic the acute abdomen (**Alexandra L. and David C., 2010**).

An acute abdomen may be the result of one of many causes: gastrointestinal, gynecologic, obstetric, hepatobiliary, vascular systems and genitourinary can present as a cause of abdominal pain. These situations causes span a gamut from functional ovarian cysts that require routine follow-up to adnexal torsion and ectopic pregnancy requiring urgent surgical intervention. The delay in diagnosis and intervention only worsens the outcome for the patient (**Charlie C. and Manju M., 2007**).

Gynaecological causes of abdominal pain may arise from conditions associated with both pregnancy and the non-pregnant state. Patients with such problems may present as emergencies or to routine outpatient clinics. This contribution will concentrate on those conditions most likely to present to a surgical trainee and

give guidance on appropriate management, particularly in relation to investigations and referral for gynaecological assistance **(Robert H., 2005).**

Abdominal pain during pregnancy is a relatively common symptom. It may reflect anatomical and physiological changes of the pregnant state, such as the round ligament strain or may be due to an underlying pathological process. Various obstetric conditions such as placental abruption, abortion, threatened preterm labour, uterine rupture and other gynaecological Causes during pregnancy present with acute abdominal pain **(Sangeeta D. and Edwin C., 2011).**

Pregnancy also may predispose to certain clinical conditions like urinary tract infection that may present with abdominal pain. Conversely, inflammatory or neoplastic processes that are totally unrelated to the pregnant state may first make their presentation during pregnancy, with acute or chronic abdominal pain **(Sangeeta D. and Edwin C., 2011).**

The duration of acute pelvic pain may range from several hours to several days. Clinical evaluation and laboratory testing are essential to diagnose acute pelvic pain. For the initial diagnostic imaging evaluation, ultrasonography is the modality of choice. High frequency endovaginal transducers allow excellent