

a special problem usually resulting in miscarriages. Health care providers often do not recognize and address the violence for a number of reasons: Time constraints and legal issues often are cited as the most common.

There now is a body of knowledge to assist physicians in the recognition and proper treatment and referral of victims of domestic violence. With proper training of emergency department and office staff, physicians can compassionately handle these patients with ease. In order to properly recognize the victims they must: 1) Assume that any woman with trauma has been battered until they have evidence to the contrary; 2) Routinely assess every female patient for possible abuse and

Shay Bintliff MD
Clinical Professor of Surgery and Pediatrics
John A. Burns School of Medicine
University of Hawaii
Emergency Medicine at Lucy Henriques Medical Center
and Hilo Hospital
Kamuela and Hilo, Hawaii

provide each one with written domestic violence referral information appropriate for her locale; 3) Practice questioning every female patient about possible abuse until physicians feel really uncomfortable when they don't; and 4) Know that the woman's safety is the ultimate goal and, therefore, allow abused women to make decisions for themselves. Never coerce them or mandate conditions for providing help.

Physicians also must know the laws in their state regarding reporting, as they vary. However, it is not evident that mandatory reporting of abuse contributes to the safety of battered women or facilitates their access to appropriate resources and safety. We must ask ourselves two crucial questions: 1) Is she safer now, after her visit with a physician and 2) Has her sense of isolation been increased or decreased as a result of recognition of the abuse. Physicians will have succeeded if we have named the abuse and the victim has learned where to find help when she feels able and ready. Lastly we must not forget that in 70% to 80% of the homes where the woman is beaten, so are the children.

Pelvic Pain

Thomas S. Kosasa MD

Pelvic pain can be a result of a gynecologic, urologic, or musculoskeletal problem. In women it is always important to order a serum pregnancy test (hCG-B) in order to rule out an ectopic pregnancy; this is the most life-threatening cause of pelvic pain. A CBC and ESR also should be obtained to rule out an infectious etiology for the pain.

Pelvic pain can be related to pregnancy and nonpregnancy causes. The ectopic pregnancy is the most important of the pregnancy causes of pelvic pain, but a threatened or inevitable abortion also may present as pelvic pain. Sophisticated ultrasound now can diagnose the majority of ectopic pregnancies, and 100% of the threatened or inevitable abortions.

Nonpregnancy-related causes of pelvic pain can be associated with problems of the cervix, uterus, tubes, or ovaries.

Nongynecologic causes of pelvic pain can be traced to urologic problems such as cystitis or a renal calculus. Appendicitis always must be considered in a woman with pelvic pain, but mesenteric lymphadenitis and diverticulitis also can be causes of pelvic pain.

Thomas S. Kosasa MD
Associate Professor
Department of Obstetrics and Gynecology
John A. Burns School of Medicine
University of Hawaii
Honolulu, Hawaii

From a gynecologic point of view, evaluation of the cervix and working upward toward the uterus, tubes, and ovaries will diagnose the problems in almost every case. Cultures of the

cervix for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* may rule out these pathogens as a cause for acute cervicitis, and even endometritis and salpingitis.

Ultrasound has been extremely helpful in ruling out degenerating myomas of the uterus and ovarian tumors and cysts on the tubes.

Ultrasound is safe, noninvasive, and is certainly

a very important asset to a gynecologist.

The laparoscope has been the most important gynecological instrument used to diagnose pelvic pain; the uterus, tubes, and ovaries can be directly evaluated. Also, the appendix and large bowel can be evaluated to rule out acute or chronic appendicitis and diverticulitis.

Endometriosis, tubo-ovarian abscesses, and torsion of cysts can be diagnosed immediately with the laparoscope; most gynecologic procedures now can be performed without resorting to laparotomy.

The etiology of pelvic pain can be diagnosed with serum tests for hCG-B, CBC, and ESR, along with ultrasound and laparoscopy. Laparoscopy has the added advantage of being able to definitively treat almost every cause of pelvic pain.

