

Case Report: Diagnostic Dilemma in Women of Reproductive age with Right Lower Quadrant (RLQ) Abdominal Pain

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Objective

To increase awareness among gynaecologists of Valentino's syndrome as a cause of RLQ pain

Background

We present a rare but life-threatening cause of RLQ pain in a woman: a perforated peptic ulcer. This is known as Valentino's syndrome, described as focal peritonitis caused by the spillage of duodenal secretions along the right paracolic gutter and presenting as RLQ pain.

Case

A 43-year-old female presented to the Emergency Department with acute RLQ pain and nausea. She was known to have a small left-sided haemorrhagic ovarian cyst. She was Day 10 of her menstrual cycle, on the COCP and not recently sexually active. Abdominal examination revealed RLQ peritonism.



Results

She had a negative serum HCG, normal haemoglobin and mildly raised inflammatory markers. A pelvic ultrasound was negative for torsion, but moderate volume of complex free fluid was seen in the pelvis and Morrison's pouch. The existing left ovarian cyst had resolved and a new right-sided collapsed haemorrhagic corpus luteal cyst was visualised with probe-tenderness.

Given her pain, a laparoscopy was performed and pus-like turbid fluid was seen throughout the pelvis and abdomen. There was absence of pyosalpinx and Fitz-Hugh-Curtis syndrome, with normal ovaries. The cervix was dilated and no discharge seen. General surgical opinion was obtained. The bowel was inspected and a pin-point duodenal perforation was identified and repaired laparoscopically.

Discussion In the absence of a gynaecological cause of acute RLQ pain, particularly in the presence of free fluid, gynaecologists should seek a general surgical opinion intra-operatively for consideration of Valentino's syndrome. This will allow timely intervention for this life-threatening diagnosis.