previous ectopic pregnancy, infertility, smoking, and current use of IUD, although a large proportion may have no risk factors. Rupture of the fallopian tube remains a life-threatening emergency; the incidence depends on access to care but is ~18% in developed countries. Diagnosis of an ectopic pregnancy can be established by assessing the patient's menstrual history and symptoms, measuring β-hCG levels, and performing pelvic ultrasound imaging. The discriminatory zone refers to β-hCG values above which the landmarks of a normal intrauterine pregnancy should be seen on ultrasound. Absence of an intrauterine pregnancy and presence of an adnexal mass or free fluid increase the likelihood of an ectopic pregnancy. *Threatened abortion* may also present with amenorrhea, abdominal pain, and vaginal bleeding in the setting of an intrauterine pregnancy with cardiac activity in the first trimester of pregnancy. Although more common than ectopic pregnancy, it is rarely associated with systemic signs. *Uterine pathology* includes endometritis and, less frequently, degenerating leiomyomas (fibroids) present with acute pain. Endometritis often is associated with vaginal bleeding and systemic signs of infection. It occurs in the setting of STIs, uterine instrumentation, or postpartum infection.

TREATMENT

Acute Pelvic Pain

Treatment of acute pelvic pain depends on the suspected etiology but may require surgical or gynecologic intervention. Immediate treatment of PID is indicated upon diagnosis, even if the diagnosis is presumed or the symptoms are mild, due to long-term complications resulting in increased risk of ectopic pregnancy and infertility. Treatment in patents eligible for outpatient management includes 250 mg IM ceftriaxone and a 14-day course of oral doxycycline 100 mg twice daily. If the presentation is acute with high fever, nausea, vomiting, severe abdominal pain, or presence of tubo-ovarian abscess, inpatient therapy is recommended **(Chap. 136)**. Conservative management is an important consideration for *ovarian cysts*, if torsion is not suspected, to avoid unnecessary surgery and associated risks of reduced fertility due to cystectomy