



## **REMARKS**

### **1 General**

- 1.1 Caution should be taken to avoid taking abdominal and pelvic radiographs during pregnancy.
- 1.2 With careful history taking, physical examination and simple laboratory tests, some of the causes of pelvic pain such as cystitis can be diagnosed without further radiological examinations.
- 1.3 Urgent life threatening conditions (e.g. ectopic pregnancy, appendicitis, ruptured ovarian cyst) and fertility-threatening conditions (e.g. pelvic inflammatory disease, ovarian torsion) must be considered.

### **2 Plain radiograph**

- 2.1 Pelvic radiograph is useful to diagnose musculoskeletal causes of pelvic pain such as sacroiliac joint disease.

### **3 US**

- 3.1 US should be initial imaging test due to its ability to narrow the differential diagnosis and lack of radiation exposure.
- 3.2 Transvaginal ultrasound (TVUS) has better resolution and is particularly useful for detailed pelvic assessment. However, owing to its limited penetrating power, large pelvic lesion may necessitate transabdominal ultrasound for complete visualisation.
- 3.3 For pelvic inflammatory disease (PID), a negative US examination does not rule out infection.
- 3.4 Colour Doppler is useful in detection of vascular lesion and determination of perfusion status in ovarian torsion.

### **4 CT**

- 4.1 CT is more useful when gastrointestinal or urinary tract pathology is suspected.

### **5 MRI**

- 5.1 With its high soft tissue contrast sensitivity, MRI is useful for further evaluation as a problem solving tool and assessment of the disease extent.
- 5.2 With its lack of ionizing radiation, MRI is preferred over CT for assessing pregnant patients; however, it is hampered by lack of widespread availability, especially in the acute setting.

## **REFERENCES**

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