

Mittelschmerz mimicking appendicitis

Mittelschmerz is midcycle abdominal pain related to ovulation (Charlewood, 1958). It happens in 20% of females in the fertile age group, and typically occurs at the site of the ovaries on the side where the ova is released (Krohn, 1949). The exact cause of pain is still debated but it may have some link with the release of serosanguinous fluid causing peritoneal irritation.

The advent of diagnostic laparoscopy has allowed a better understanding of the pathophysiology of Mittelschmerz as illustrated in this case of a 27-year-old woman with a 36-hour history of right iliac fossa and suprapubic pain. She had peritonism in these areas in the form of tenderness

and guarding. Urine examination was entirely normal. During the laparoscopy some blood-stained fluid was found in the pouch of Douglas with a ruptured ovarian follicle.

Although this is a common condition, not many juniors get an opportunity to see these images as the diagnosis is usually made by ultrasound (Silber, 1984). In this case, the peritoneal cavity was washed out with an irrigation system and the fluid aspirated until no more fluid remained. The patient's pain was stopped by the

instillation of 10 ml of 0.25% Marcaine intraperitoneally. The management of Mittelschmerz is analgesics. In this case, a laparoscopy was performed only because appendicitis could not be excluded. **BJHM**

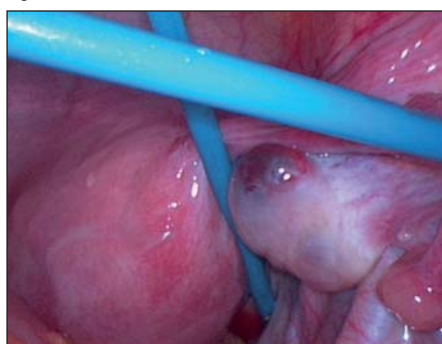
Charlewood GP (1958) Mittelschmerz or ovulation pain. *S Afr Med J* **32**: 261–2

Krohn PL (1949) Intermenstrual pain (the mittelschmerz) and the time of ovulation. *BMJ* **i**: 803–5

Silber TJ (1984) Acute abdomen due to mittelschmerz. The role of ultrasonography. *Clin Pediatr (Phila)* **23**: 655–7

Figure 2. Serosanguinous fluid in the pouch of Douglas which may explain Mittelschmerz peritonism.

Figure 1. Ovarian follicle with haematoma.



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