

Postmenopausal Subacute or Chronic Pelvic Pain

Chronic (lasting 6 months or more) or subacute pain in the pelvis, lower abdomen, vulva, vagina, or perineum (area between the anus and the vulva) is a common complaint and experienced by approximately a quarter of women worldwide. The pain can be cyclic or noncyclic and can have many causes. Ultrasound (US) (<https://www.radiologyinfo.org/en/info/pelvis>) examinations are used to help find the cause of pain. A US shows the size and condition of the uterus, fallopian tubes, ovaries, and adnexal masses (lumps around the uterus).

The recommendations in this document do not apply to postmenopausal women with vaginal bleeding (<https://www.radiologyinfo.org/en/info/vaginalbleeding>) or adnexal masses as well as pelvic pain.

For postmenopausal women with deep pelvis pain, US transabdominal pelvis, US transvaginal pelvis, and US duplex Doppler pelvis are usually appropriate. Doing both transvaginal and transabdominal US gives a better view of the pelvis. US duplex Doppler used with the other imaging examinations gives information about blood flow. These tests are complementary and done together. MRI of the pelvis (<https://www.radiologyinfo.org/en/info/mri-abdomen-pelvis>) without and with intravenous (IV) contrast, CT abdomen and pelvis (<https://www.radiologyinfo.org/en/info/abdominect>) with contrast, and CT pelvis with contrast may also be appropriate imaging tests.

For postmenopausal women thought to have disease in the perineum, vulva, or vagina with an abnormal physical examination, US transvaginal pelvis, US transabdominal pelvis, and US duplex Doppler are usually appropriate. These tests are complementary and performed together. MRI of the pelvis without and with IV contrast may also be appropriate.

— By Lauren Donnelly and Samantha L. Heller, PhD, MD. This information originally appeared in the *Journal of the American College of Radiology*.

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