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Chronic, severe abdominal pain in a girl with a renal anomaly: Questions

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Case summary

A 14-year-old girl was referred by her private gynaecologist for management of persistent, severe abdominal pain. Following menarche at the age of 12, she had experienced regular monthly cycles with progressively increasing dysmenorrhea. She was started on the continuous combined oral contraceptive pill with the aim of suppressing periods. Despite the suppression of menstruation, she continued to suffer from persistent, severe abdominal pain requiring opioid analgesia.

She described daily excruciating abdominal cramps that significantly impacted her everyday life. No analgesia relieved the pain, and the constant pain impacted her social life, school attendance and mental health. Her parents spent hours driving her around in the car every evening in an effort to distract her from the pain.

She has a history of a congenital solitary left kidney with right renal agenesis (diagnosed antenatally) and was otherwise healthy.

On examination, she had a large, tense, tender, anterior mass and an enlarged uterus; the fundal height was approximately 15 cm. External genital examination revealed a mass bulging from the right side of the vagina.

Questions

1. Which conditions should be considered in the differential diagnosis of this patient
2. What investigations would you perform to reach a definitive diagnosis?
3. What is the most likely diagnosis?
4. How should this patient be treated?

Data availability All data supporting the findings of this case report are available within the paper.

Declarations

Ethics approval Not applicable.

Consent to participate Written consent from the patient was obtained.

Conflict of interest The authors declare no competing interests.

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The answers to these questions can be found at <https://doi.org/10.1007/s00467-023-06008-7>.

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