Another Routine Exam

BY ROBERT H. BÖSL, M.D., FAAFP

A 50-something-year-old woman presented for a routine annual exam. She complained of aches and pains typical of a perimenopausal woman with a BMI in the high 30s and hypertension, but otherwise appeared healthy. There was no chief complaint other than some fatigue.

Because of her hypertension, and per her request, labs including TSH and U/A were obtained, the results of which were normal. Health maintenance issues were reviewed with the patient: The results of a colonoscopy done a year earlier were normal. Pap smears, which had been done annually, had all been normal.

Adhering to preventive care guidelines of the time, a pelvic exam was performed. The exam itself was complicated by adiposity but clearly demonstrated a moderate-size left pelvic mass. The patient was set up for pelvic ultrasound, which revealed nothing abnormal. The pelvic exam was repeated to make sure the mass was not stool that might have passed. The mass was still present during the repeat exam. Abdominal and pelvic computed tomography (CT) was performed. The scans revealed no evidence of the left pelvic mass but did show a right renal carcinoma.

The patient was evaluated by urology, and arrangements were made for right nephrectomy. Prior to surgery, another pelvic exam confirmed the left pelvic mass was still present, so a request was made to have this surgically evaluated at the time of her nephrectomy. The surgeons found an 8-cm diverticular abscess and surgically drained it.

Discussion

This patient underwent a routine exam, at which time a mass was found, ultimately resulting in the fortuitous finding of an unrelated renal carcinoma, and with ultimate characterization of the mass being a diverticular abscess.

In recent years, we have begun to question the value of annual pelvic exams. This case illustrates their importance, as they may yield unexpected findings. The fascinating part of this case was that neither ultrasound nor CT identified or characterized the mass. This case emphasizes physicians’ continuing need to rely on clinical acumen as well as technology.

Robert Bösl is a family physician in Starbuck, Minnesota.

Learning points

- Annual pelvic exams may have value.
- Imaging may not be helpful in all cases.
- Sometimes the most interesting or unusual cases don’t start that way.