

Check vital signs, ABCDE

Lab: u-hCG, CRP, Hb, urinary dipstick

Gynaecological exam. and vaginal ultrasound (VU)

u-hCG positive

Spontaneous abortion: Localized pain over the uterus in combination with larger vaginal bleeding

Ectopic pregnancy (EctP): Localized pain over one side
Occasionally minor vaginal bleeding
Risk of intraabdominal haemorrhage

Non gynaecological: Appendicitis, urinary tract infection, gallstones

High probability of EctP if S-hCG does not double in 2 days or unable to find intrauterine pregnancy with VU when s-hCG >1000

u-hCG negative

Ovarian torsion: Acute onset of severe pain in intervals
Often with cysts \approx 5cm. Acute laparoscopic surgery

Rupture of cyst/Ovulation pain: Generalized pain in the lower abdomen (subsides within a few hours)

Infection: Pathological fluor/bleeding \rightarrow Chlamydia sample + Wet smear. Doxycycline + Metronidazole

Endometriosis: Dysmenorrhea.

Clinical diagnosis (laparoscopic verification if needed)
Combined contraceptive hormone therapy
(Neovletta/Prionelle), 2-4 menstruations/year