**Check vital signs, ABCDE  
Lab: u-hCG, CRP, Hb, urinary dipstick  
Gynaecological exam. and vaginal ultrasound (VU)**

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| 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* |

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| u-hCG negative |
| Ovarian torsion: Acute onset of severe pain in intervals Often with cysts ≈ 5cm. Acute laparoscopic surgery |
| Rupture of cyst/Ovulation pain: Generalized pain in the lower abdomen (subsides within a few hours) |
| Infection: Pathological fluor/bleeding 🡪 Chlamydia sample + Wet smear. Doxycycline + Metronidazole |
| Endometriosis: Dysmenorrhea.  Clinical diagnosis (laparoscopic verification if needed) Combined contraceptive hormone therapy (Neovletta/Prionelle), 2-4 menstruations/year |