PREOPERATIVE DIAGNOSIS: , Acute abdominal pain, rule out appendicitis versus other.,POSTOPERATIVE DIAGNOSIS:, Acute pelvic inflammatory disease and periappendicitis.,PROCEDURE PERFORMED: , Diagnostic laparoscopy.,COMPLICATIONS:, None.,CULTURES:, Intra-abdominally are done.,HISTORY: ,The patient is a 31-year-old African-American female patient who complains of sudden onset of pain and has seen in the Emergency Room. The pain has started in the umbilical area and radiated to McBurney's point. The patient appears to have a significant pain requiring surgical evaluation. It did not appear that the pain was pelvic in nature, but more higher up in the abdomen, more towards the appendix. The patient was seen by Dr. Y at my request in the ER with me in attendance. We went over the case. He decided that she should go to the operating room for evaluation and to have appendix evaluated and probably removed. The patient on ultrasound had a 0.9 cm ovarian cyst on the right side. The patient's cyst was not completely simple and they are concerns over the possibility of an abnormality. The patient states that she has had chlamydia in the past, but it was not a pelvic infection more vaginal infection. The patient has had hospitalization for this. The patient therefore signed informed in layman's terms with her understanding that perceivable risks and complications, the alternative treatment, the procedure itself and recovery. All questions were answered. ,PROCEDURE: ,The patient was seen in the Emergency Room. In the Emergency Room, there is really no apparent vaginal discharge. No odor or

cervical motion tenderness. Negative bladder sweep. Adnexa were without abnormalities. In the OR, we were able to perform pelvic examination showing a slightly enlarged fibroid uterus about 9 to 10-week size. The patient had no adnexal fullness. The patient then underwent an insertion of a uterine manipulator and Dr. X was in the case at that time and he started the laparoscopic process i.e., inserting the laparoscope. We then observed under direct laparoscopic visualization with the aid of a camera that there was pus in and around the uterus. The both fallopian tubes were seen. There did not appear to be hydrosalpinx. The ovaries were seen. The left showed some adhesions into the ovarian fossa. The cul-de-sac had a banded adhesions. The patient on the right adnexa had a hemorrhagic ovarian cyst, where the cyst was only about a centimeter enlarged. The ovary did not appear to have pus in it, but there was pus over the area of the bladder flap. The patient's bowel was otherwise unremarkable. The liver contained evidence of Fitz-Hugh-Curtis syndrome and prior PID. The appendix was somewhat adherent into the retrocecal area and to the mid-quadrant abdominal sidewall on the right. The case was then turned over to Dr. Y who was in the room at that time and Dr. X had left. The patient's case was turned over to him. Dr. Y was performed an appendectomy following which cultures and copious irrigation. Dr. Y was then closed the case. The patient was placed on antibiotics. We await the results of the cultures and as well further _____ therapy.,PRIMARY DIAGNOSES:,1. Periappendicitis.,2. Pelvic inflammatory

disease.,3. Chronic adhesive disease.