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Missed ultrasound diagnoses in acute pelvic pain: a retrospective audit of on-call and after-hours imaging.

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Objectives

- To evaluate the causes of missed diagnoses on night-duty/on-call ultrasound in patients presenting with acute pelvic pain.
- To assess cases where the diagnosis was subsequently established by:
 - Repeat ultrasound
 - Further imaging, particularly CT
 - Operative findingsTo perform a retrospective audit of these diagnostic discrepancies.
- To identify contributing factors through peer review and multidisciplinary team discussions.

Methods

Aim: To evaluate the causes of diagnostic discrepancy between initial ultrasound and final diagnosis.

- **Study design:** Retrospective audit.
- **Study population:** 30 cases with missed diagnosis on initial ultrasound.
- **Clinical presentation:** Acute pelvic pain.
- **Final diagnosis established by:**
 - ✓ Second-look ultrasound 14 cases
 - ✓ Erect abdominal X-ray 2 cases
 - ✓ CT 10 cases
 - ✓ Operative findings 4 cases
- **Data reviewed:** Imaging studies and clinical data.



Figure 1. Ultrasound and CT of acute diverticulitis

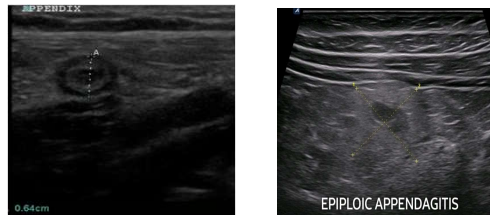


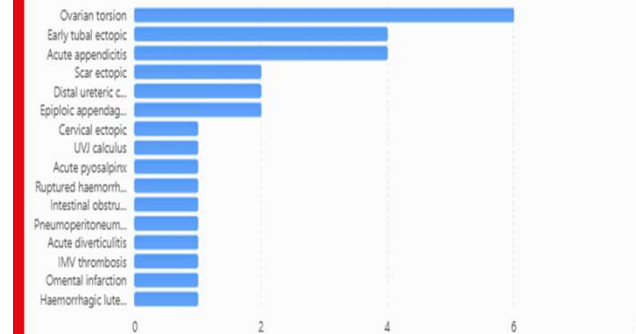
Figure 2. Ultrasound of acute appendicitis and acute epiploic appendagitis

Conclusion

A comprehensive imaging with clinical data, careful physical examination, localizing the point of tenderness, lab parameters, serum beta hcg titres, forniceal tenderness during tvs, free peritoneal fluid, a systematic assessment for urological, gynecological, and surgical causes of acute pelvic pain are important.

Spectrum of Missed Diagnoses

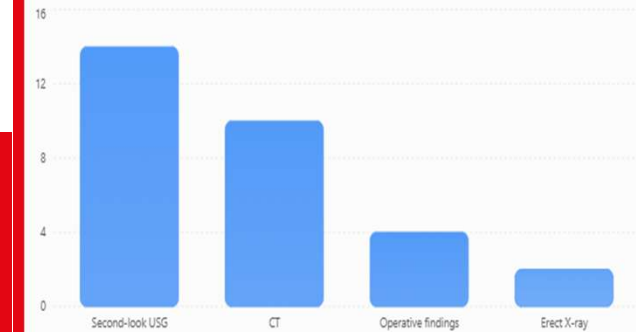
Diagnoses identified following missed findings on initial ultrasound.



30 cases

Final Diagnosis by Diagnostic Modality

30 cases of missed diagnoses on initial ultrasound in patients presenting with acute pelvic pain.



Total cases: 30