

Ovarian cyst pain and low back pain, causal, casual, or coincidental: A case report

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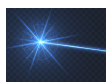
Objective: Differentiating viscerosomatic contributions to low-back pain is challenging, sometimes the treatment outcome can assist with the differential diagnosis.

Clinical Features: A 32-year-old nulliparous female presented to this office with low-back pain believed related to bilateral ovarian cysts detected by ultrasound. She reported bouts of painful cysts a couple-times-a-year, for many years. This time she had unremitting pain for 2-weeks in the lower-abdominal and lower-back regions.

Methods and Intervention: Treatment incorporated Van Rumpft cranial and spinal therapies for the patient's low back presentation. Van Rumpft and Chiropractic Manipulative Reflex Techniques (CMRT) to assess/treat uterine, ovarian, and liver viscerosomatic referred pain-patterns. Within 24-hours of the first treatment the patient's (low-back/ovarian) pain subsided, which was unusual since historically it took 4-weeks before she would have any relief. She was treated the following week but was no longer in pain and instructed to return on an as-needed basis.

Conclusion: Chiropractic care of nonmusculoskeletal presentations are always challenging since it is difficult to determine causation. In this case the patient's historical body awareness of low-back pain associated with ovarian cyst pain suggested a relationship so chiropractic care was performed treating both the vertebral and viscerosomatic components of the patient's presentation.

Indexing terms: Chiropractic; ovarian cyst; LBP; Van Rumpft cranial therapy; sacro-occipital technique



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