Background: The patient is a twenty year-old female college student whose past medical history is unremarkable for abdominal pain. Initial evaluation revealed insidious onset of severe right lower quadrant pain, nausea, vomiting, cold sweats, malaise, dizziness and upper extremity tremors over a period of twenty-four hours with additional night sweats for the past week. The patient’s pain progressed from a dull ache to a sharp, stabbing pain in the right lower quadrant over the course of several hours. Evaluation by a Certified Athletic Trainer revealed right lower quadrant rigidity, rebound tenderness and pain over McBurney’s Point. The patient was referred to the local emergency room for follow-up examination and care. Initial evaluation in the emergency room revealed normal vital signs, but, increased intensity of all symptoms. An abdominal CT scan with intravenous contrast and a pelvic exam were ordered, both of which were negative. The patient was diagnosed with constipation and discharged. Following three days of continued symptoms, the patient was seen in the University Health Center for follow-up care. Physician evaluation again noted rigidity and rebound tenderness with palpation of the right lower quadrant and the patient was referred to a general surgeon for further assessment. The surgeon completed a clinical exam of the patient and scheduled exploratory abdominal surgery to rule out appendicitis. Surgical diagnosis revealed a ruptured right ovarian cyst and mild appendicitis.

Differential Diagnosis: Appendicitis, ovarian dysfunction, urinary tract infection, ectopic pregnancy, sexually transmitted disease, pelvic inflammatory disease and gastrointestinal dysfunction.

Treatment: Initial treatment consisted of morphine and intravenous antibiotic medications. Surgical removal of the ovarian cyst and the appendix were followed by intravenous pain medications and oral pain medication to be used as needed. The patient was discharged from the hospital with instructions to limit activity and weight lifting. Re-evaluation ten days post-op revealed resolution of all symptoms and full return to activities of daily living. Uniqueness: This case demonstrates a unique presentation of right lower quadrant pain with negative diagnostic testing. Although ovarian cysts are fairly common, cyst ruptures are somewhat uncommon. Additionally, the initial diagnosis of constipation due to a dependence on diagnostic testing results, despite the patient’s signs and symptoms, demonstrates the importance of considering all symptomology when completing a clinical exam.

Conclusion: Abdominal discomfort in females can indicates a variety of causes. It is important that the Certified Athletic Trainer complete a thorough evaluation and refer this athlete quickly so that proper treatment can occur.