ACUTE ABDOMEN WITH PREGNANCY

An Essay
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In General Surgery

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Dedication

I am dedicating this work for my family who stand beside me step by step and push me always forwards.

List of Contents

List of Tables

List of Diagrams

List of Pictures

Introduction

Acute abdominal pain is a common cause for presentation to the emergency room and hospital admission. Acute abdominal pain can present a diagnostic dilemma. Clinical examination often fails to yield a diagnosis, particularly when the symptoms and signs are compounded by obesity. Blood investigations may be diagnostic in some cases, but in most other scenarios, they simply indicate the presence of an inflammatory process. Radiology may suggest a diagnosis, but both radiography and ultrasound have a false-negative rate.

(Gloash V., 2005)

The acute abdomen is characterized by the sudden appearance of abdominal complaints that oblige the surgeon to decide promptly whether to operate immediately, to treat conservatively or to observe the patient. In spite of new diagnostic development such as ultra-sonography, computed tomography (CT scan), it seems that acute abdominal condition present situation in which a surgeon dares to open an abdomen without a clear diagnosis. This situation is changing in surgical community: a proper pre-operative diagnosis can lead to better and more specific surgical treatment and to an improve approach.

(**Cuesta M. A., 2008)**

Acute abdomen is not a disease in itself but a description of a complex of symptoms combined with severe abdominal pain developed within a time frame of less than 24 h. All strategies for the management of acute abdomen underline the need for an interdisciplinary approach to diagnosis and therapy. This requires focused and intelligent use of efficient diagnostic procedures. Diagnostic laparoscopy may be a key to solving the diagnostic dilemma of unspecific acute abdomen. Furthermore, it allows not only direct inspection of the abdominal cavity but also surgical intervention, if needed. In particular the rate of negative laparotomies can be reduced.

(**Keller R., 2006)**

The approach to pregnant patients with severe abdominal pain is very similar to that for nonpregnant patients with acute abdomen. However, the physiologic changes associated with pregnancy must be considered when interpreting findings from the history and physical examination.

(**Aboutanos SZ., 2005)**

The diagnosis and important aspects in treating acute abdomen tend to be delayed due to the peculiar physiological features of pregnancy and the restrictions imposed on image diagnostic techniques such as x-ray and CT. Physicians should pay attention

in this regard as any delay may seriously deteriorate the condition of both mother and fetus. Detailed questioning of the patient and abdominal findings, especially information obtained by palpation, are considered essential in making a diagnosis and determining proper treatment. Ultrasonography is non-invasive to both the mother and fetus and is useful for diagnosing illness during pregnancy, including acute abdomen, acute appendicitis, and ileus. In treating the pregnant patient, high priority should be placed on improving the patient's condition and determining the necessity of surgery. Rather than postpone the decision to opt for surgery, the physician in charge is advised to seek additional professional opinions and enlist the support of other surgeons in order to arrive at earlier diagnosis and treatment.

(**Kameoka S., 2001)**

The entire peritoneal cavity can be visualized by the laparoscope, and diagnostic laparoscopy is an effective modality for determining pathology within the abdominal cavity. The decision to perform diagnostic laparoscopy is based on clinical judgment, weighing the sensitivities and specificities of other modalities as computed tomography (CT scan) and ultrasound versus the relative morbidity of minimally invasive laparoscopy.

(**Stain S., 2007)**

Laparoscopic surgery should be performed in the second trimester when possible and appears as safe as laparotomy. If indicated, diagnostic imaging should not be withheld from the pregnant patient. Appendectomy and cholecystectomy appear to be safe in pregnancy. The reported incidence of adnexal masses and fibroids in pregnancy may increase with increasing use of first-trimester ultrasound. Conservative management, with surgical management postpartum, appears reasonable in most cases.

(**Hector M., 1997)**

Acute abdomen in pregnancy due to nonobstetric causes is accompanied by a high incidence of poor fetal outcome and maternal morbidity.Delay in surgical intervention together with the operative maneuvers are the main causes of the poor outcome. Fear of the complication of a negative laparotomy in a pregnant female makes surgeons hesitant to interfere surgically, leading them to await clearcut symptoms and signs of acute abdomen. In pregnancy,these symptoms and signs are blunted by the anatomical displacement of the pregnant uterus and the masking effect of the physiological symptoms of normal pregnancy, such as nausea, vomiting, mild abdominal pain and constipation.Ironically, this delay, when prolonged carries a high risk to the mother and fetus. In acute abdomen in pregnancy, some have advocated aggressive early surgical intervention, while

others have adopted an initial trial of conservative treatment before resorting to surgery in case of failure. Tocolytics are thought to calm the uterus from the insult of acute abdomen during conservative management or surgery, but this is controversial.

(M. El-Amin Ali,. 1998)

Aim of the work

To discuss causes, diagnosis and treatment of acute abdominal pain with pregnancy, including the significant advantages of laparoscopy compared to preoperative radiological investigation, wait-and-see policy, and laparotomy.

Chapter one

Definition and Causes of Acute Abdomen with Pregnancy.

The term acute abdomen designates symptoms and signs of intra-abdominal disease usually treated best by surgical operation. Many diseases, some of which do not require surgical treatment, produce abdominal pain, so the evaluation of patients with abdominal pain must be methodical and careful. The proper management of patients with acute abdominal pain requires a timely decision about the need for surgical operation. This decision requires evaluation of the patient's history and physical findings, laboratory data, and imaging tests. The syndrome of acute abdominal pain generates a large number of hospital visits and may affect the very young, the very old, either sex, and all socioeconomic groups.

(R. Jones et al, 2004)

Abdominal pain of uncertain etiology is the commonest reason for emergency surgical admission, it is also one of the most common conditions which calls for prompt diagnosis and treatment.

(Rhodes and Decar, 2002)

The decision to operate on a patient with acute abdominal pain comes to the mind of the surgeon if routine investigations fail to identify the cause and therefore, abdominal emergency often poses a diagnostic challenge to the general surgeon, a correct diagnosis is crucial because of the various diseases that may be responsible for the same symptoms.

(J.Schietroma, 2005)