

Diagnostic and management complexities of Acute Appendicitis during late pregnancy

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Objective - To report a case of acute appendicitis in a 36-week primiparous pregnant woman, emphasizing the diagnostic and management complexities during late pregnancy.

Case Report

A 36-week primigravida presented in maternity triage with severe abdominal pain (10/10), unresponsive to paracetamol and dihydrocodeine, though Diamorphine provided partial relief. The initial assessment including observations, vaginal examination, and cardiotocography (CTG), were normal, with no vaginal bleeding or uterine tenderness. However, abdominal palpation revealed mild tenderness and discomfort. Differential diagnoses included placental abruption, Braxton Hicks contractions, and musculoskeletal pain. The patient was admitted for observation.

Reassessment the following morning indicated a low likelihood of placental abruption, favouring musculoskeletal pain. Blood tests (Hb: 111 g/L, WCC: 11.7, platelets: 285, INR: 1.1) were normal, and CTG met Dawes Redman criteria. An ultrasound excluded retroplacental clot. The patient was discharged with dihydrocodeine and safety-netting advice.

She returned after 1 day of discharge with persistent severe abdominal pain. On assessment, her abdominal and speculum examination was unremarkable and CTG was normal. Given localized pain in the right iliac fossa (RIF), appendicitis was suspected. Surgical team reviewed the patient and advised for repeat of all blood tests, including liver function tests and amylase, and a CT scan was requested. Broad-spectrum antibiotics were initiated, and the patient was kept "nil by mouth" (NBM) for potential surgery.

A multidisciplinary team (MDT) discussion involving obstetric and surgical teams proposed combining a lower-segment caesarean section (LSCS) with appendectomy if appendicitis was confirmed. The patient and her partner were informed of the need for surgery under general anaesthesia.

The CT scan confirmed appendicitis, and the patient underwent LSCS with appendectomy. The procedure was challenging due to adhesion and limited access but successfully addressed the infection. The patient recovered well and was discharged with a 5-day antibiotic regimen.

Discussion

Acute abdominal pain in late pregnancy poses diagnostic challenges due to altered anatomy and overlapping symptoms. Imaging, such as CT or MRI, aids in confirming conditions like appendicitis, which is uncommon but can lead to severe complications. This case highlights the importance of timely, multidisciplinary management to prevent adverse maternal and fetal outcomes. The integrated approach of LSCS and appendectomy minimized risks and ensured a successful outcome.

Conclusion

This case emphasizes the need for vigilance and a multidisciplinary strategy in managing acute abdominal pain in pregnancy, ensuring optimal outcomes for mother and baby.

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