

Is it GERD or is it Uterine Rupture? Case of Acute Abdomen in 21 weeks Pregnancy

Authors

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Introduction

Acute abdomen is a surgical emergency, pregnant or not, that is characterized by acute onset of pain, tenderness, rigidity, or guarding. Acute abdomen can present as a diagnostic and therapeutic challenge for providers in a pregnant patient, carrying potential high risks for maternal and fetal morbidity and mortality.

Case Report

The authors here present a case of a woman at 21 weeks gestation who presented with epigastric pain and nausea, who while under observation developed sepsis and an acute abdomen. The patient had a significant past medical history of one vaginal birth and two previous myomectomies for uterine fibroids, one of which included partial colectomy for adherence to the bowel wall. In the OR, the patient was found to have a small bowel obstruction caused by abdominal adhesions with impending uterine rupture. After consulting maternal-fetal medicine, corrected dating made possible the option of providing betamethasone and magnesium for 48 hrs to allow for aggressive neonatal resuscitation. However, during this discussion, fetal heart tones became absent and the patient was taken back to the OR. Exploratory laparotomy revealed a large volume hemoperitoneum, necrotic bowel, and fetal encaul uterine rupture through her previous myomectomy scar, requiring a total hysterectomy and partial bowel resection. Postoperatively, the patient was admitted to the ICU and required several transfusions to stabilize.

Discussion

This case stands as an example of how relatively benign presentations in a pregnant woman can be masking serious complications that carry high rates of maternal mortality and fetal demise. This patient presented with two rare complications in pregnancy: small bowel obstruction and uterine rupture. The most common cause of small bowel obstruction is adhesions from previous abdominal surgery, likely the cause in our patient following her extensive surgical course for uterine fibroids. Uterine rupture is also rare but can be caused by any previous scarring to the uterus. Both of these complications present with high risks of maternal and fetal mortality. These are important complications to consider in all patients with previous uterine surgery who present with abdominal pain in pregnancy.