



IMPACT OF APPENDICITIS DURING PREGNANCY: NO DELAY IN ACCURATE DIAGNOSIS AND TREATMENT

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Background

Acute appendicitis is the most common non-obstetric surgical emergency during pregnancy. A rapid and accurate diagnosis of appendicitis is particularly critical in pregnant patients because non-perforated appendicitis can quickly progress to appendiceal rupture, which is associated with high rates of early delivery, miscarriage, and fetal loss. Acute appendicitis during pregnancy may be associated with serious maternal and/or fetal complications. To date, the optimal clinical approach to the management of pregnant women suspected of having acute appendicitis is subject to debate. The purpose of this retrospective study was to provide recommendations for prospective clinical management of pregnant patients with suspected appendicitis.

Method

Case records of all pregnant patients suspected of having appendicitis whom underwent appendectomy at our hospital between 1990 and 2010 were reviewed.

Results

Appendicitis was histologically verified in fifteen of twenty-one pregnant women, of whom six were diagnosed with perforated appendicitis. Maternal morbidity was seen in two cases. Premature delivery occurred in two out of six cases with perforated appendicitis cases and two out of six cases following a negative appendectomy. Perinatal mortality did not occur.

Conclusion

Both (perforated) appendicitis and negative appendectomy during pregnancy are associated with a high risk of premature delivery. Clinical presentation and imaging remains vital in deciding whether surgical intervention is indicated. We recommend to cautiously weigh the risks of delay until correct diagnosis with associated increased risk of appendiceal perforation and the risk of unnecessary surgical intervention.





Based upon current literature, we recommend clinicians to consider an MRI following an inconclusive or negative abdominal ultrasound aiming to improve diagnostic accuracy to reduce the rate of negative appendectomies. Accurate and prompt diagnosis of acute appendicitis should be strived for to avoid unnecessary exploration and to aim for timely surgical intervention in pregnant women suspected of having appendicitis.

Recommendation

We recommend clinicians: 1. To consider an MRI to improve diagnostic accuracy to reduce the rate of negative appendectomies. 2. Appendectomy should be performed as soon as possible when MRI is suggestive of appendicitis.

