CASE REPORT

INCIDENTAL FINDING OF ACUTE SMALL BOWEL ISCHEMIA AND OBSTRUCTION DURING PREGNANCY

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Introduction

Intestinal obstruction is a rare but serious complication of pregnancy with significant maternal and fetal mortality. The reported incidence of intestinal obstruction complicating pregnancy varies widely, from 1 in 66,431 to 1 in 1,500 deliveries. (1)

A retrospective review of 66 cases of intestinal obstruction complicating pregnancy and the puerperium revealed that the most common causes of mechanical obstruction were adhesions (58%), volvulus (24%), and intussusceptions (5%). Seventy-seven percent (77%) of the patients with obstruction due to adhesions had undergone previous abdominal or pelvic surgery.

Presenting symptoms and signs were similar to those of the non pregnant patient; abdominal pain was present in 98% of patients, vomiting in 82%, and tenderness on palpation in 71%.

Prompt management of obstruction is essential; the median length of time from admission to laparotomy in the 66 patients was 48 hours. Bowel strangulation requiring resection was present in 23% of patients. Thirty-eight percent of patients completed term pregnancies after operative resolution of obstruction; total maternal mortality was 6%, and total fetal mortality 26%.(1) Thus, both mother and fetus are at higher risk when intestinal obstruction complicates pregnancy. Clinical suspicion of the presence of obstruction and aggressive intervention are required to decrease the morbidity and mortality of this rare complication of pregnancy.

This report describes a rare case of segmental small bowel gangrene and intestinal obstruction in 33week-pregnant lady with previous CS who underwent lower uterine cesarean section for preterm labor, breech presentation ,fetal distress. The main cause of bowel obstruction was due to adhesion from previous CS and required bowel resection which was complicated with fistula which healed spontaneously.

Case Presentation

33 years old female , G4P3+0 booked at King Abdulaziz Hospital Jeddah (KAAH), 33 weeks pregnancy with history of previous caesarean section (CS), presented to ER with history of abdominal pain and vomiting once at home. She also reported constipation for the past 3 days (retrospective).

No history of any medical problem.

On admission, her vital signs were stable. Clinical examination revealed that patient was uncomfortable, fundal height was 33 weeks pregnant, breech presentation with mild contraction . Fetal heart sound positive. On admission, vaginal examination os was closed.

Laboratory investigations revealed Hbg of 9.8 gm%, WBC of 8.2 /microl ,

The patient was admitted as breech preterm labor with previous CS, hydrated and received sedation in the form of pethidine. .A first dose of dexameth-

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