

Appendicitis in pregnancy

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Appendicitis appears to be less common in pregnant than in non-pregnant females; however, it is the most common extrauterine acute abdominal condition in pregnancy, with an incidence of 0.5–1 per 1000 pregnancies. Appendicitis is slightly more common in the second trimester and, when compared with the non-pregnant population, presentation during pregnancy is more likely to be complicated. The diagnosis is often complicated by a delay in presentation as early non-specific symptoms are often attributed to the pregnancy. Obstetric teaching has been that the caecum and appendix are progressively pushed to the right upper quadrant of the abdomen as pregnancy develops during the second and third trimesters. However, pain in the right lower quadrant of the abdomen remains the cardinal feature of appendicitis in pregnancy. Every attempt should be made to establish the diagnosis preoperatively as negative appendicectomy is associated with fetal loss in 4% and preterm labour in 10% of patients. Clinical diagnosis can be difficult and may be facilitated by ultrasound scanning, which carries no risk to the fetus and is highly specific; however, sensitivity in some series is low and its reliability varies according to the trimester. MRI scanning carries greater sensitivity but is more expensive and may not be widely available. Delays in diagnosis or in the initiation of definitive treatment pose the greatest risk to the mother and pregnancy. Fetal loss occurs in 3–5% of cases of acute appendicitis in pregnancy but increases to 20% or more in the presence of perforation. There is insufficient evidence to support a non-operative approach and the pregnant patient with acute appendicitis should proceed to surgery. If the fetus is at a viable gestational age (23 weeks or more), appropriate obstetric and neonatal support should ideally be available. A laparoscopic approach is now considered to be safe in any trimester and, if used, should be initiated via the open Hasson technique. Data from a large series of pregnant women undergoing abdominal surgery (appendicectomy or cholecystectomy) reported a rate of obstetric complications of approximately 5%.

(c) Figure 76.13 Laparoscopic appendicectomy. (a) Hook diathermy dissection of the mesoappendix. (b) The mesoappendix is divided. (c) The appendix base is ligated with absorbable ties.

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