Should laparoscopic appendectomy be the norm in management of 3rd trimester pregnancy appendicitis?

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**Aim:** To describe a case of a pregnant lady who presented with acute appendicitis in the 3rd trimester and was managed with Laparoscopic appendectomy and made a very good recovery. Traditionally in the 3rd trimester, laparotomy is done due to the size of the gravid uterus and the theoretical risk of perforation of the gravid uterus with the veress needle. However, laparotomy is associated with increased maternal and fetal morbidity risks. Our aim is to discuss rise in the cases of successfully managed 3rd trimester cases laparoscopically.

**Background:** Acute appendicitis is the most common general surgical problem during pregnancy and studies report an incidence ranging from 1 in 500 to 1 in 2000 pregnancies. The diagnosis is challenging in the pregnant patient and the role of biochemical investigations and imaging is limited. Delay in diagnosis due to non-classic presentation and misdiagnosis leads to delay in surgical intervention resulting in high maternal morbidity and fetal mortality rates. Surgical intervention should be prompt in strongly suspicious cases. As for the operative technique, laparoscopic appendectomy is advocated in the first 2 trimesters, however, in the third trimester the guidelines are unclear.

**Case Report:** We report the case of a woman who was 31 weeks pregnant and presented with acute onset abdominal pain, vomiting and diarrhoea. She was promptly diagnosed with acute appendicitis and had a successful laparoscopic appendectomy in the 3rd trimester and subsequently made a rapid recovery.

**Discussion:** The use of the laparoscopic approach in the third trimester is fast becoming recognised as a safe mode of intervention. Systematic reviews have reported that these patients are not at increased risk of fetal loss or preterm labour. Over the past few years, there have been an overwhelming number of case reports of successful third trimester laparoscopic appendectomies. In keeping with this change in behaviour, the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) has published a set of guidelines in 2017 to aid physicians in the diagnosis and management of surgical conditions in pregnant patients, focusing on the use of laparoscopy.

**Biography**  
Hashviniya Sekar is currently an O&G Trainee in the North Central and East London Thames Deanery, London. Having graduated from King's College London with Distinction in Medical Sciences and Clinical Sciences as well as a First Class Honours in Maternal & Fetal Health Physiology, she is actively involved in research and medical education. She has published in a leading Menopause journal and has been a co-author for books on questions in Obstetrics and Gynaecology for Undergraduate students.

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