CONFERINȚA ȘTIINȚIFICĂ ANUALĂ CERCETAREA ÎN BIOMEDICINĂ ȘI SĂNĂTATE: CALITATE, EXCELENȚĂ ȘI PERFORMANȚĂ
19 21 octombrie 2022

ABDOMINAL EMERGENCIES DURING PREGNANCY

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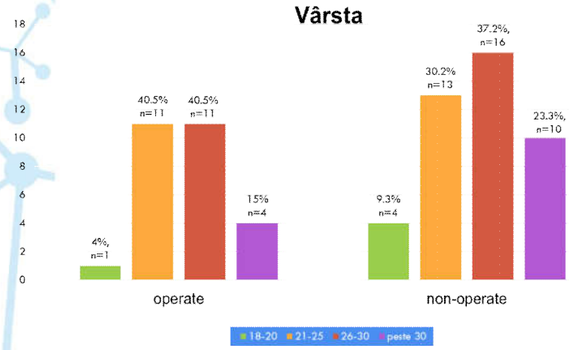
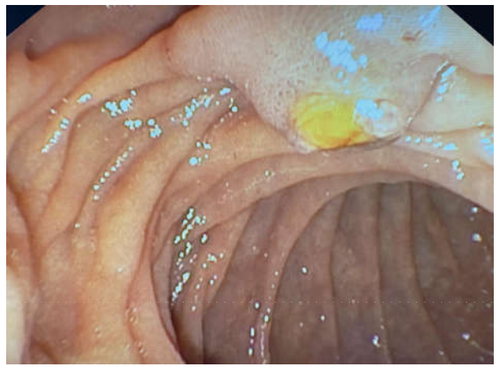
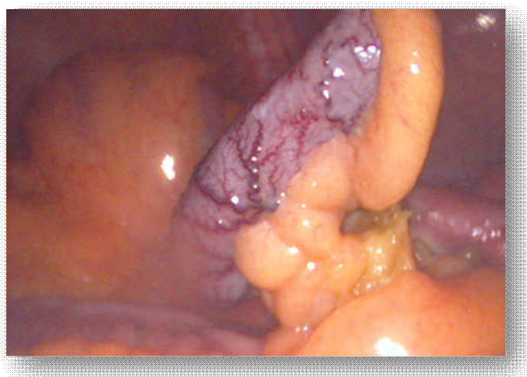
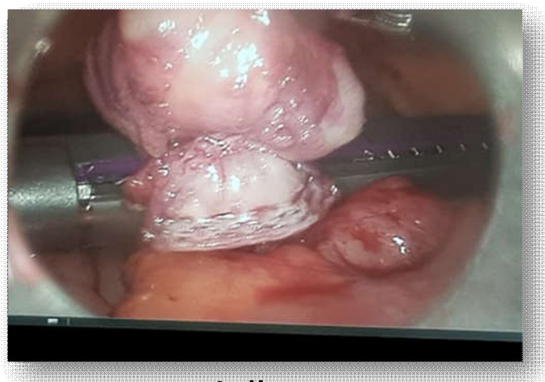
Introductio

Non-obstetric abdominal emergencies in pregnant women complicates one of 500-700 pregnancies, requiring surgical intervention in 0.2 to 2% of cases. The clinical presentation is misleading due to the anatomical and physiological changes associated with pregnancy, which are responsible for hesitating the diagnosis.





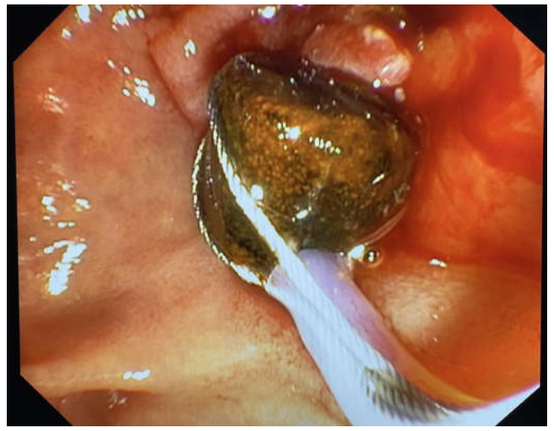


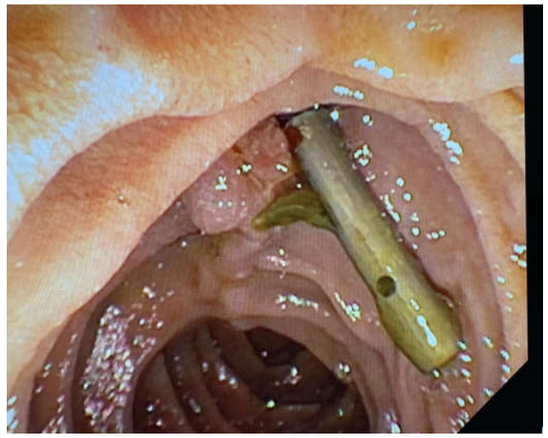


Apendicectomie Laparoscopică

Material and methods

The objective of this review is to recall the anatomical-physiological particuliarities of the pregnant
woman, to describe these main medical-surgical abdominal emergencies and to specify the particularities of their diagnostic and therapeutic management.





Tratamentul Litiazei Biliare Transpapilar Endoscopic Non-Radiant

Results

The most frequent abdominal emergencies are: acute appendicitis (0.2%) - whose first-line treatment is laparoscopic appendectomy, acute cholecystitis (0.05%) - most often lithiasis, for which the first-line treatment is laparoscopic cholecystectomy from the I to the beginning of the III trimester, intestinal occlusions (0.02%) - for which the indications for medical or surgical treatment remain the same as in the absence of pregnancy. Acute pancreatitis has a lower incidence (0,03-0.025%), is generally lithic, and most often responds to medical treatment, but is associated with a high recurrence rate, justifying laparoscopic cholecystectomy in the second trimester, or endoscopic treatment in the third trimester.

Conclusions

Abdominal surgical emergencies in pregnancy are real challenges for clinicians and require a multidisciplinary approach taking into account all the patient physiological and anatomical peculiarities, as well as fetal safety

Keywords surgical emergencies, pregnancy