

# Combined Urgent Cesarean Section and Open Appendectomy Under Neuraxial Anesthesia

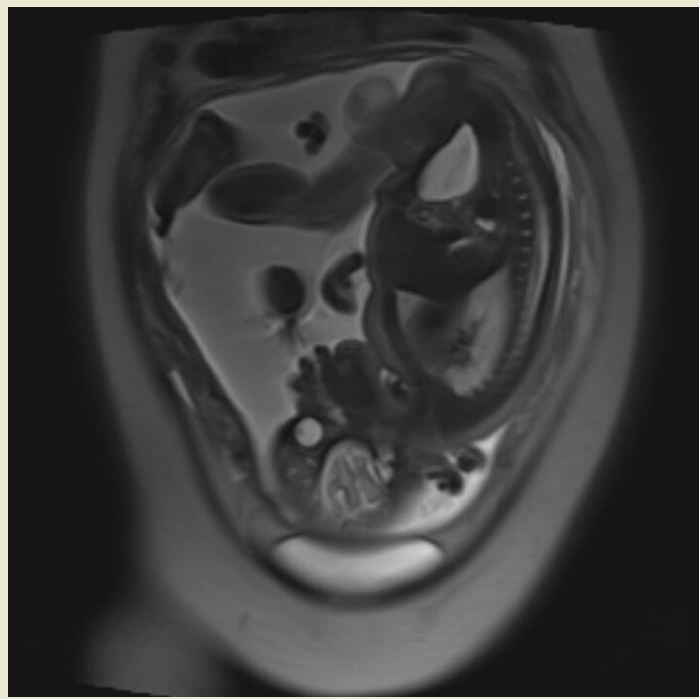


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Right Lower Quadrant Abdominal Pain- Differential Diagnosis			
Appendicitis	Pre-Eclampsia	Threatened Abortion	Idiopathic
Ruptured Ovarian Cyst	Ectopic pregnancy	Ovarian torsion	Pelvic Inflammatory Disease
Tubo-ovarian abscess	Placental abruption	Chorioamnionitis	Ventral Hernia
Pyelonephritis	Salpingitis	Adnexal Torsion	Round Ligament Syndrome

- Incidence: 1:1500 pregnancies (0.05-0.07%)
- Maternal Mortality:
  - 0-2%
- Fetal Mortality:
  - Unruptured: 1.5-9%
  - Ruptured: 36%
- S/sx:
  - N/v, anorexia, RLQ
  - RUQ pain\*, uterine contractions, dysuria, diarrhea
  - Fever and tachycardia may be absent





- 20 y.o. G1P0101 admitted to the antepartum service at 35w0d for sepsis with MRI findings significant for a perforated appendix with abscess
- At 35w+1d, rapid response called due to worsening hypotension, tachycardia and fever in setting of conservative management
- Fetus found to be in breech position and decision was made to deliver via C-section with subsequent open appendectomy under neuraxial
- Combined Spinal Epidural and minimal IV sedation, without propofol utilized
- Post-op course complicated by ongoing sepsis with management in the SICU



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# Learning Points: Appendectomy in Pregnancy

- Appendicitis in pregnancy is common and requires prompt diagnosis and treatment
- Laparoscopic vs. Open appendectomy
- Fetal mortality remains high, especially in setting of perforated appendicitis

