

INTRODUCTION

Though abdominal pain may be a forerunner of an obstetric complication, pregnant women can also develop abdominal pain due to a variety of non obstetric causes.

The clinical diagnosis is often obscured by concurrent maternal physiological and anatomical changes¹

OBJECTIVES

The current study evaluated the various non obstetric causes of abdominal pain in pregnancy.

MATERIALS AND METHODS

This is a review of abdominal pain in 460 pregnant women, of which 23 had non obstetric causes.

REFERENCES:

1. [Humood A Alsadery](#) et al, Non-obstetric Acute Abdomen in Pregnancy: a Review of Literature, 2023;77(4):293–298
2. Mosler P. Management of acute cholangitis. Gastroenterology & hepatology. 2011 Feb;7(2):121.

RESULTS		
CONDITION	NO. OF PATIENTS	CAUSES
Fibroids	4/14	<ul style="list-style-type: none"> •All 14 had abdominal discomfort •4 severe : - 1 red degeneration, 3 significant increase in size
Renal calculi	4	<ul style="list-style-type: none"> •1 large B/L stag horn calculi needing DJ stent •3 smaller size which got expelled with hydration therapy
Renal anomaly	2	<ul style="list-style-type: none"> •1 Horse shoe shaped kidney •1 Malrotated kidney
Cholecystitis	3	<ul style="list-style-type: none"> •2 managed conservatively •1 required cholecystectomy in 2nd trimester
Pancreatitis	3	<ul style="list-style-type: none"> •2 diagnosed antenatally: ↑ lipase and amylase, managed conservatively •1 peripartum
Acute Colitis	1	<ul style="list-style-type: none"> •2nd trimester managed with hydration and metronidazole
Spinal problems	2	<ul style="list-style-type: none"> •Slip disc, requiring traction and nerve root block •Spinal fusion of L4 to S1 (obviated epidural, but delivered vaginally)
Ovarian fibroma	1	<ul style="list-style-type: none"> •Sex cord stromal tumor: Exploratory laparotomy with frozen section and right salpingo-oophorectomy
Mesenteric cyst	1	<ul style="list-style-type: none"> •6 weeks pregnancy with 17x18cm mesenteric cyst. Couple opted for termination and excision of cyst

CONCLUSION

A holistic approach towards a patient with abdominal pain in pregnancy enables arriving at a correct diagnosis.

The difficulties lie in the following:

- The site and type of pain maybe less reliable in pregnancy, due to the displacement of abdominal organs from their usual anatomical site².
- Differentiation between physiological changes of pregnancy and pathological manifestations of diseases
- In known conditions, diagnoses are often quicker as the conditions are already recognised, and can be confirmed with labs and imaging. Whereas first-time presentations require more time and careful assessment.

Hence, a comprehensive knowledge of the anatomical and physiological changes in pregnancy are essential for ensuring appropriate management.