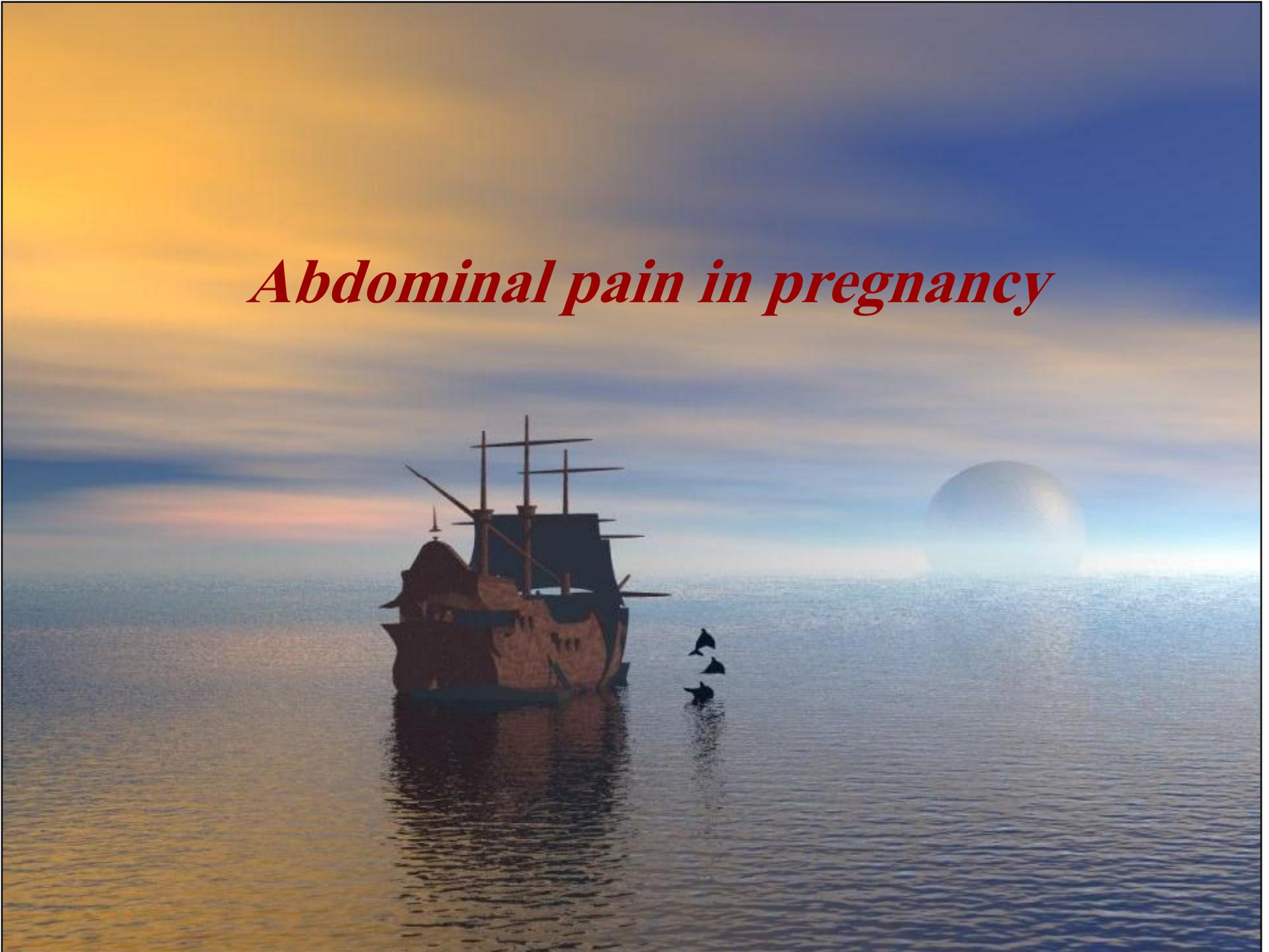


Abdominal pain in pregnancy



Abdominal pain is a common symptom during pregnancy , which can be classified into:-

I-Pregnancy related pain:-

- ★ **1-Pain that arise from reproductive organ due to effect of pregnancy.**
- ★ **2-Pain caused by physiological changes of pregnancy on different body organs (due to hormonal effect and pressure effect of uterus).**

II- Incidental causes of abdominal pain:- (medical or surgical causes).

I-Pregnancy related pain

1-Pain that arise from reproductive organ due to effect of pregnancy

First trimester

Second trimester

Third trimester

A- First trimester:-

1- Abortion:- Is the commonest cause of pain in this period, the pain is intermittent and in mid line, and is mostly preceded by vaginal bleeding.

2- Ectopic pregnancy:- The pain occur usually before vaginal bleeding which is dark in colour, the pain first localized in one side, and then becomes generalized.

B- Second trimester:-

- 1-Abortion.
- 2-Painful Braxton–Hicks contractions.
- 3-Polyhydramnios.
- 4- Preterm labour.
- 5- Chorioamnionitis.

6- Acute retention of urine •

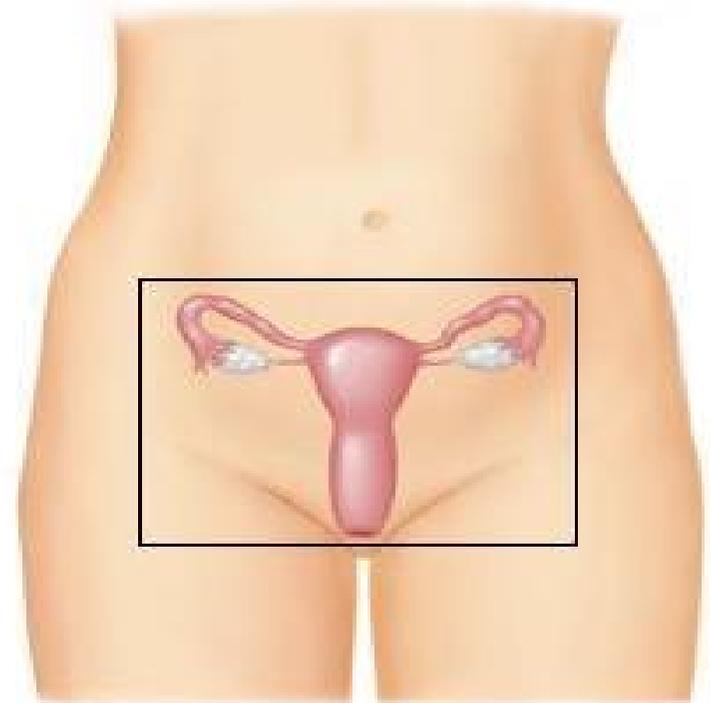
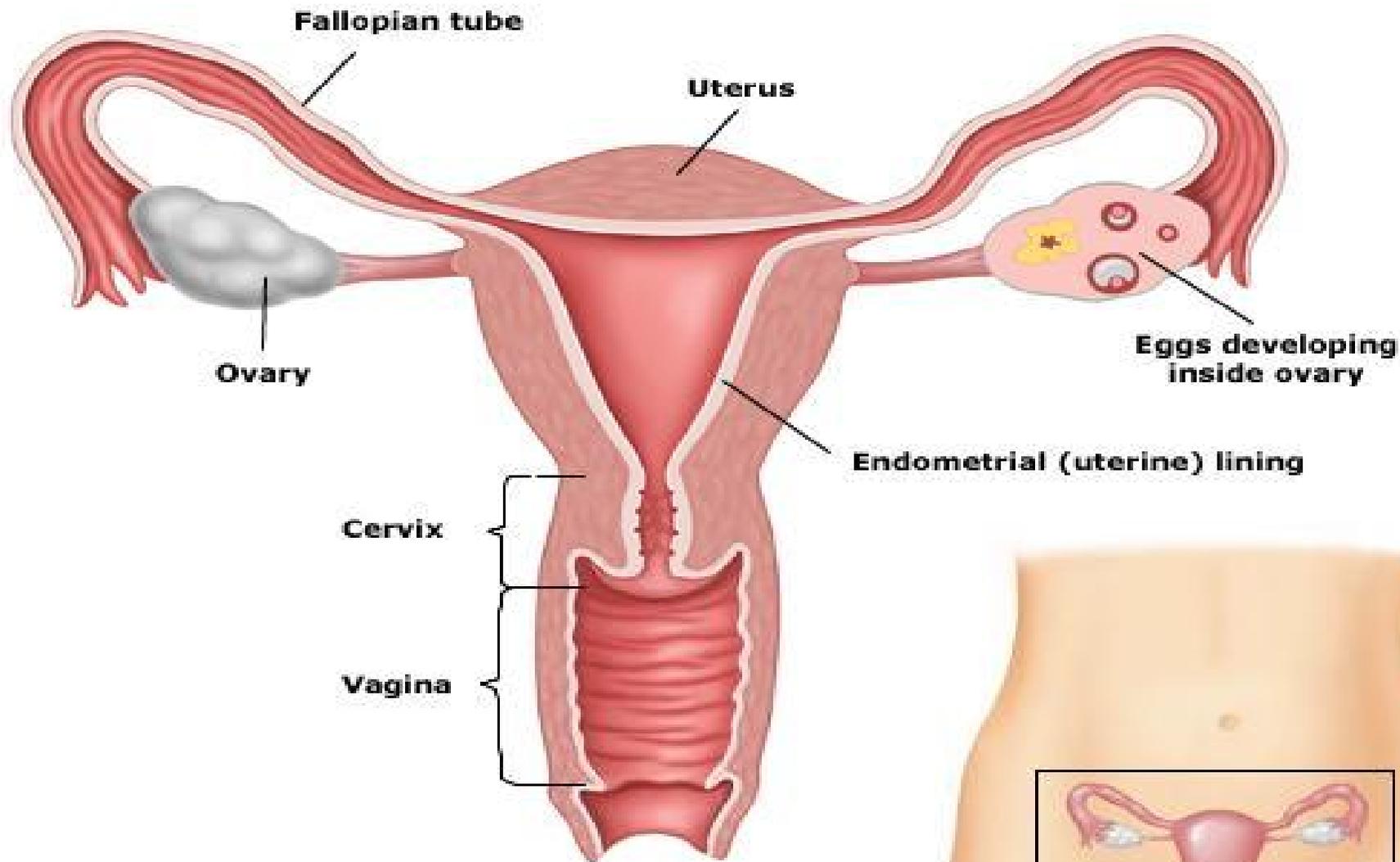
7- Complication of uterine fibroid •
(red degeneration, or torsion).

8- Rupture of rudimentary horn •
pregnancy. •

9- Interstitial pregnancy. •

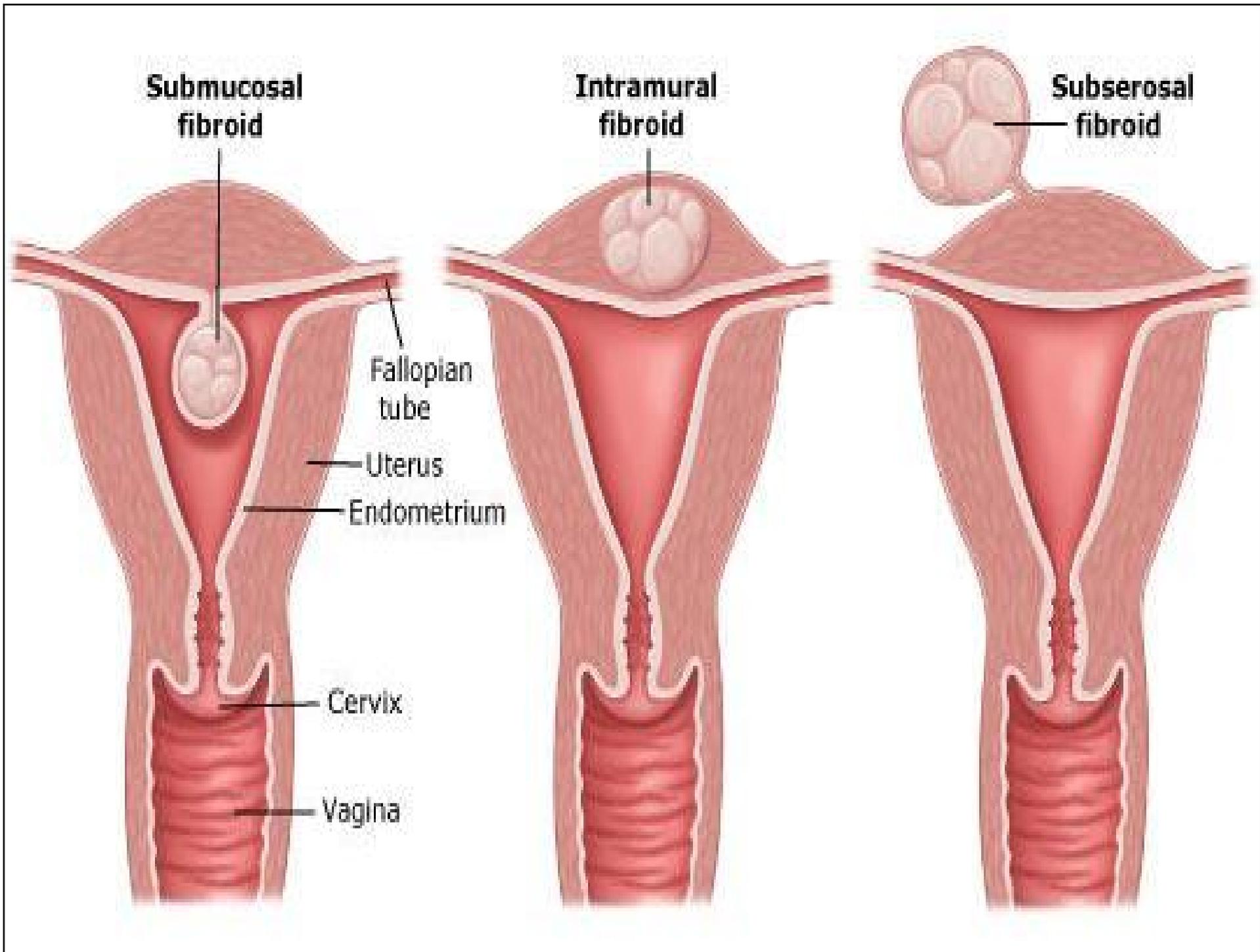
10- Angular pregnancy.

11- Stretching of the round ligament.







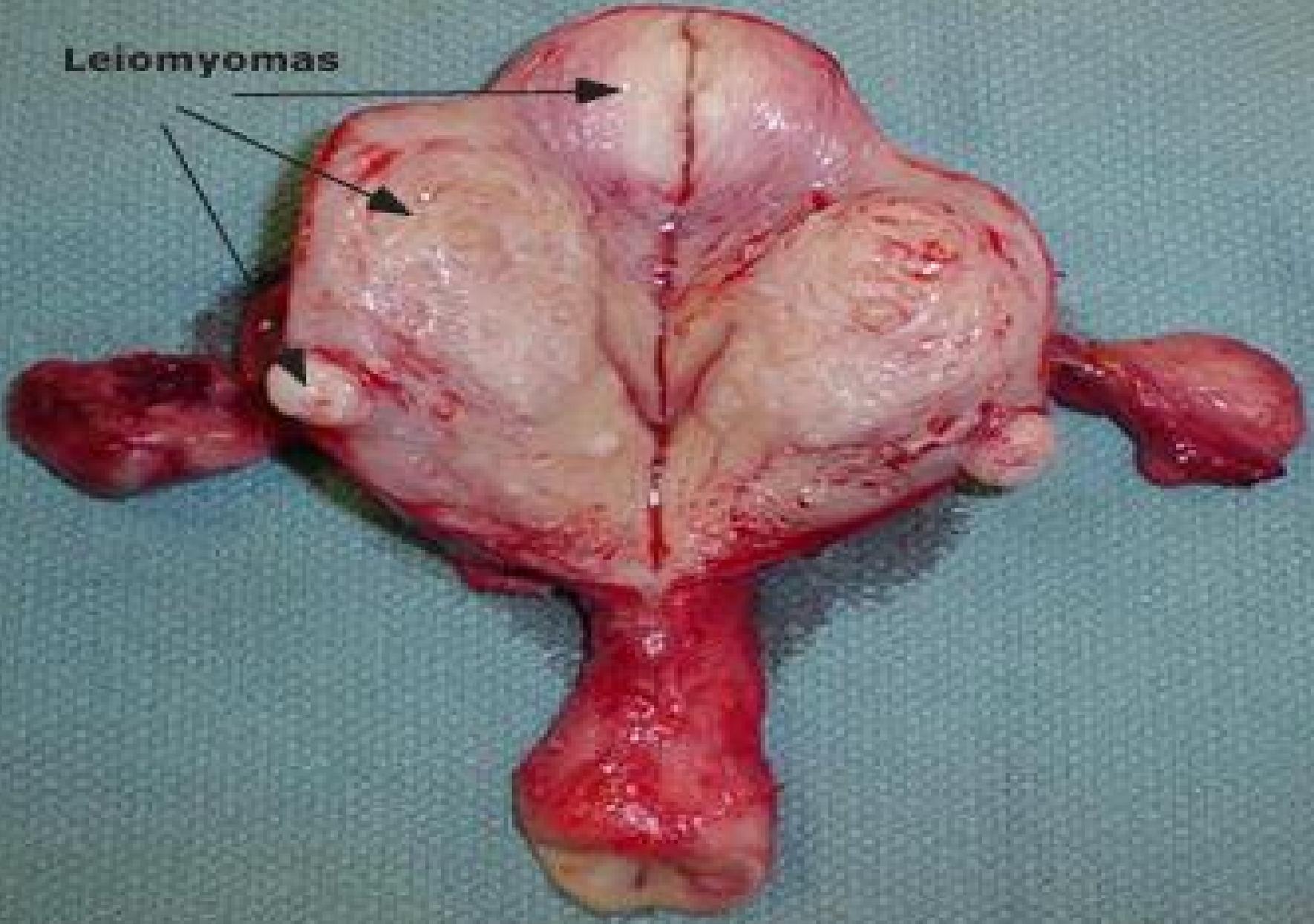




Leiomyoma



Leiomyomas



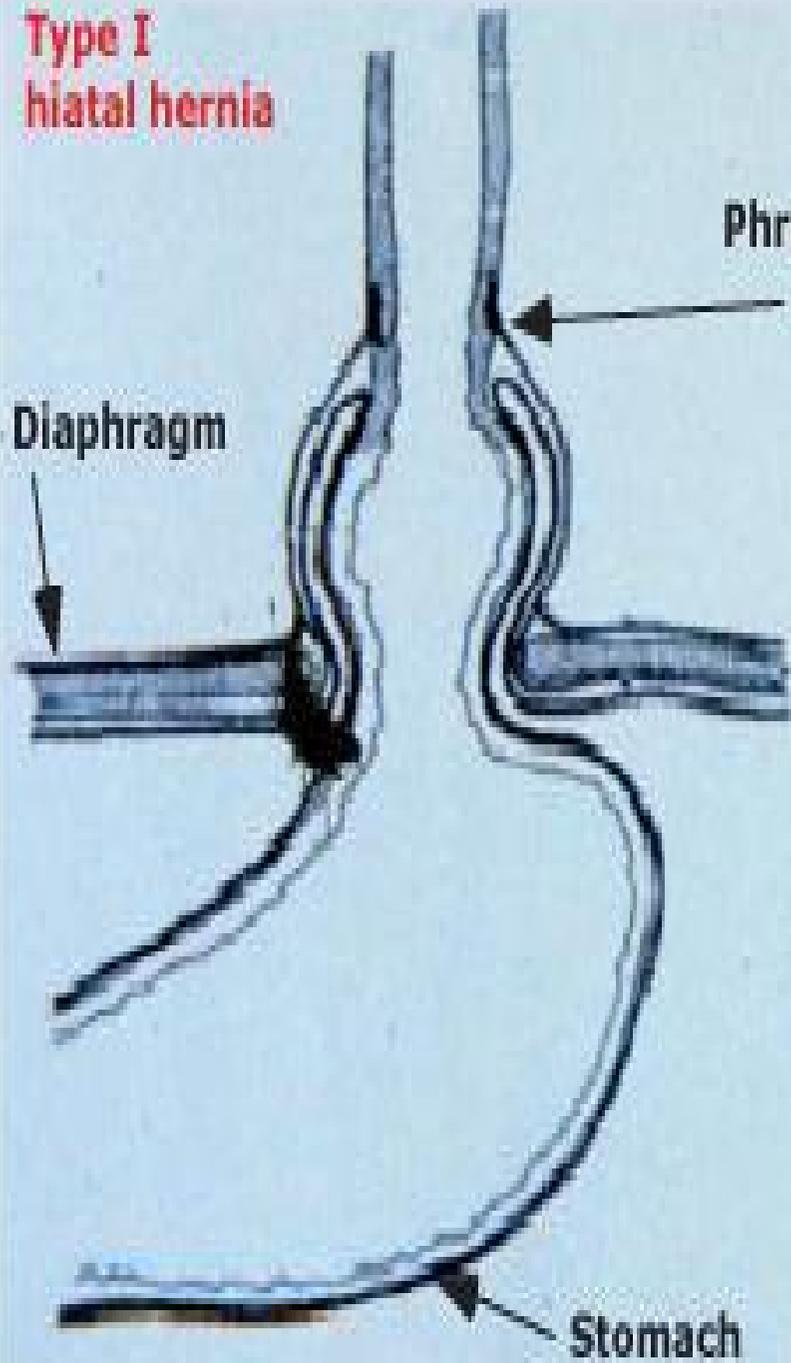
C- Third trimester:-

- 1- Labour pain.
- 2- Chorioamnionitis.
- 3- Polyhydramnios.
- 4- Concealed accidental hemorrhage.
- 5- Severe preeclampsia.
- 6- Complication of uterine fibroid (red degeneration, or torsion).
- 7- Breech presentation.
- 8- Rupture uterus

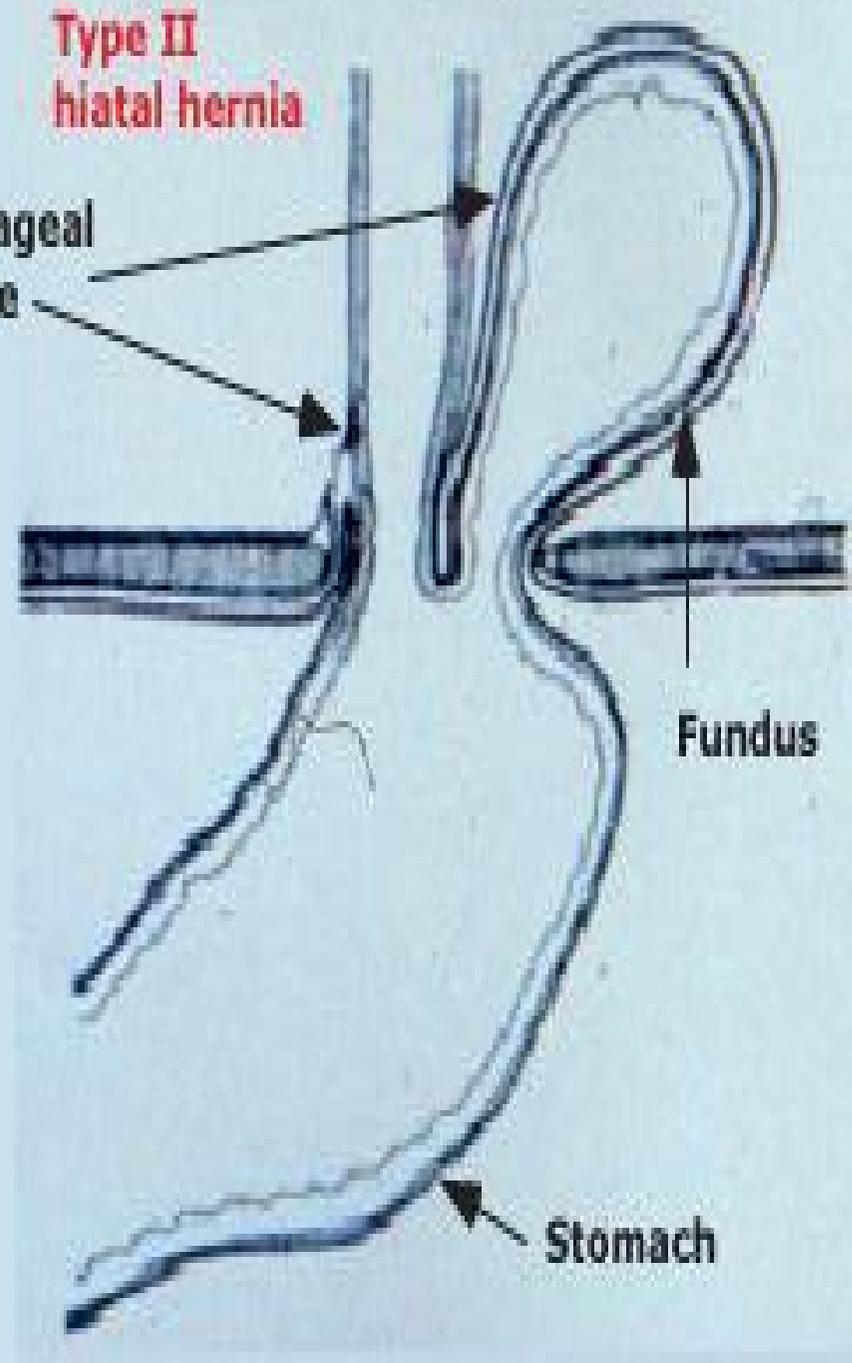
2-Pain caused by physiological changes of pregnancy on different body organs (due to hormonal effect and pressure effect of uterus)

- ↓
- 1-Heart burn (Reflux oesophagitis).
 - 2-Constipation.
 - 3-Cholelithiasis and Cholecystitis.
 - 4-Acute fatty liver of pregnancy.
 - 5- Complication of ovarian cyst (rupture or torsion).
 - 6- Hiatus hernia .
 - 7-Abdominal wall hematoma(rectus muscle hematoma).
 - 8-Musculoskeletal pain.
 - 9-Acute pyelonephritis.

**Type I
hiatal hernia**



**Type II
hiatal hernia**



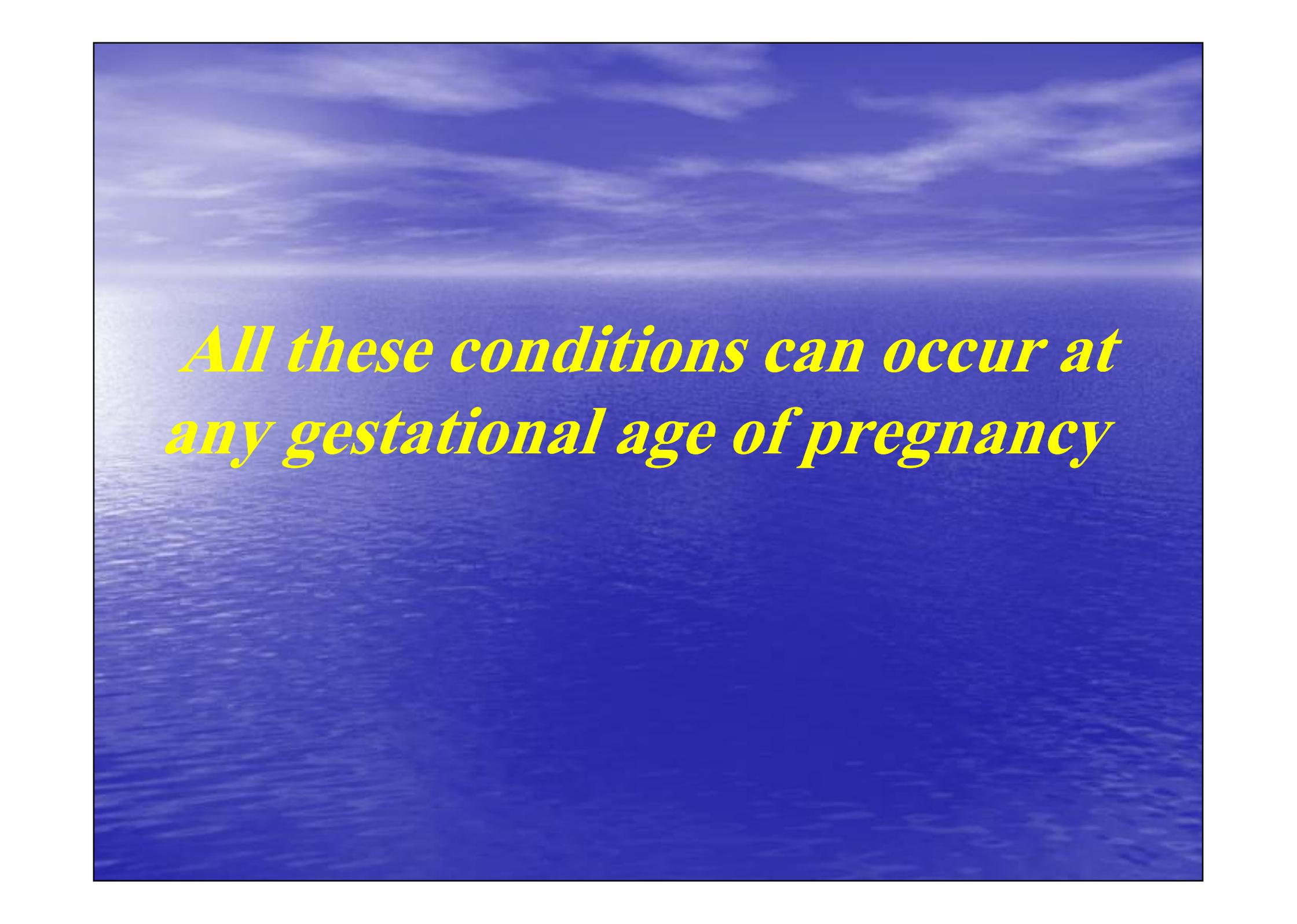
Phrenoesophageal
membrane

Diaphragm

Fundus

Stomach

Stomach



*All these conditions can occur at
any gestational age of pregnancy*

II-Incidental causes of abdominal pain (medical or surgical causes):-

1- Gastroenteritis:- the pain is generalize over the abdomen, associated with vomiting and diarrhoea.

2-Peptic ulcer:-

3- Acute appendicitis.

4-Intestinal obstruction , volvulus of intestine

5- Strangulated hernia:-

6- Acute pancreatitis:- The pain usually sudden upper abdominal pain radiated to the back, associated with vomiting , the patient usually has risk factor to the acute pancreatitis like alcoholism, gall stone, or autoimmune diseases.

7- Renal and uretric calculi.

8- Inflammatory bowel diseases (Crohns and ulcerative colitis):-The patient presented with abdominal pain , diarrhoea , weight loss and anemia.

9-Sickling crisis :-This is occur in patient with sickle cell anemia that may give rise to sever abdominal pain as part of a vasoocclusive crisis.

10-Malaria:-There is recent travel in endemic area(within one year).

11-Mesenteric artery thrombosis:-The pain result from bowel ischemia.

12- Diabetes:- There is associated weight loss , polydipsia and polyuria.

13- Lower lobe pneumonia:- There is associated cough ,chest pain and fever.

14-Pulmonary embolus:-The abdominal pain associated with shortness of breath, haemoptysis , inspirational dyspnoea, (and possibly calf pain).

Diagnostic approach to abdominal pain

- 1- History
- 2- Physical examination
- 3- Investigations



Acute versus chronic pain:- A clinical judgment must be made that considers whether this is an accelerating process, one that has reached a plateau, or one that is longstanding but intermittent:-

1-Pain of less than a few days duration that has worsened progressively until the time of presentation is clearly **acute**.

2-Pain that has remained unchanged for months or years can be safely classified as **chronic**.

3-Pain that does not clearly fit either category might be called **subacute** and requires consideration of the differential diagnoses for both acute and chronic pain.

Pain in a sick or unstable patient should generally be managed as acute, since patients with chronic abdominal pain may present with an acute exacerbation of a chronic problem or a new and unrelated problem.

Treatment :-

According to the general state of the patient, onset of symptoms (acute or chronic), and the underlying cause.

THANK YOU

