



COMMUNITY ACQUIRED PNEUMONIA/PLEURAL DISEASE: A RARE CAUSE OF ABDOMINAL PAIN IN PREGNANCY

Obstetrics & Gynaecology

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ABSTRACT

Community acquired lower lobe pneumonia is a rare cause of abdominal pain in pregnancy which may present as acute abdominal pain. Ultrasound and MRI are the preferred imaging investigations. The standard treatment is broad spectrum antibiotics and pleuritic interventions. We report a case of lower lobe pneumonia with pleural effusion presented in first trimester with acute abdominal pain.

KEYWORDS

Abdominal Pain, Pneumonia, Pleural Effusion, Pregnancy

INTRODUCTION:-

The diagnostic approach to acute abdominal pain in pregnancy can be difficult owing to the anatomical and physiological changes due to pregnancy and reluctance to use radiological diagnostic modalities to diagnose.

Abdominal pain in pregnancy can be obstetric, non- obstetric extra abdominal or causes as exacerbated by pregnancy. Non- obstetric causes include surgical conditions like appendicitis, cholecystitis, peptic ulcers, and urinary tract diseases. Extra abdominal causes can be pleuritic pain, cardiac pain, herpes zoster etc. 8% of adult patients with pneumonia present with acute abdominal pain(1). Marked abdominal symptoms in pneumonia may mimic an acute surgical abdomen caused by appendicitis, cholecystitis, perforation etc(2). Moreover pneumonia may be associated with abdominal symptoms like nausea, vomitings, constipation etc leading to further confusion.(3) Here we report a case of acute abdominal pain in first trimester of pregnancy due to lower lobe pneumonia.

Case Report:-

A Healthy 27 years old Primigravida at 10 weeks presented to the urgent care with severe left flank pain aggravated on lying down. At initial presentation there was no fever, cough, dyspnea, urinary or bowel symptoms.

On examination she was afebrile and vitals stable. There was tenderness in the left flank. Obstetric examination confirmed a healthy ongoing pregnancy of 10 weeks. Surgical and urology opinion was sought to rule out other causes of acute abdominal pain. All her baseline investigations were normal except for a raised CRP. Ultrasound abdomen and KUB within normal limits. There was no improvement in abdominal pain with analgesics. The next day patient developed fever, chills, cough and breathing difficulty. Respiratory physician opinion taken. On examination patient showed tachypnea, reduced chest movements, impaired percussion note and reduced breath sounds on lower left chest. Ultrasound chest showed consolidation of lower left lobe of lung with mild to moderate pleural effusion. MRI chest confirmed the above findings. Patient was started on intravenous broad spectrum antibiotics. There was great improvement in patient symptoms and investigative parameters. The patient was discharged from hospital after 5 days in good clinical condition and without abdominal pain.

DISCUSSION:-

Acute abdominal pain is a common presentation in every trimester of pregnancy. Respiratory conditions presenting as abdominal pain is rare in pregnancy. Pneumonia is considered as most frequent extra abdominal cause of acute abdomen in children, but the lack of association of pneumonia in adults leads to a delay in diagnosis and appropriate treatment.(4,5). Ultrasound is safe and can detect pleural effusion, empyema etc. MRI is the preferred modality as it gives better clinical information on extent of disease, is extremely accurate and safe in pregnancy. Once diagnosis is confirmed, the management should be prompt involving a multidisciplinary team. The prognosis is good for both mother and fetus provided pulmonary disease is well treated.

CONCLUSION:-

Abdominal pain in pregnancy can occur due to obstetric factors as well as reasons unrelated to pregnancy. Pneumonia or pleural disease is a rare cause of abdominal pain in pregnancy. Early diagnosis may be difficult due to various maternal physiological changes in pregnancy. High index of suspicion and appropriate imaging techniques are vital to diagnosis. Early interventions can avoid complications both to mother and fetus. The standard treatment is antibiotic therapy and pleural interventions. Multidisciplinary care is of great importance for successful outcome.

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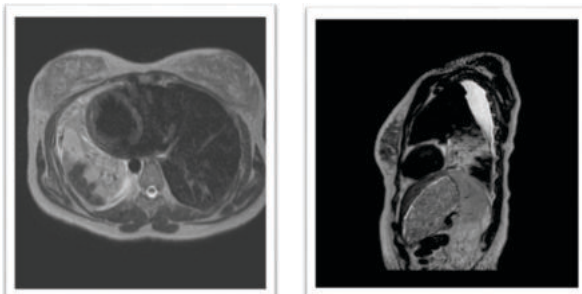


Figure 1 & 2 –MRI image of the left lower lobe consolidation with pleural effusion (T2WI Axial and Sagittal views)