Mesenteric ischemia presenting as preterm labor

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**INTRODUCTION**

Acute mesenteric ischemia is an emergency which requires prompt diagnosis and surgical management. We present a case whereby mesenteric ischemia in a parturient was initially diagnosed as preterm labor.

**CASE DESCRIPTION**

A 41 year old, G2P0 was admitted with suspected preterm labor at 23 weeks. With worsening abdominal pain, anesthesia was asked to evaluate for the placement of a labor epidural. At the time of assessment, patient was in pain, borderline tachycardic, mildly diaphoretic and afebrile. An epidural was placed at L3-4 level. As the pain did not subside with epidural local anesthetic and subsequent WBC count showed significant elevation, general surgery was consulted for the evaluation of nonobstetric surgical causes of pain. Patient had emergency laparotomy which showed necrotic bowel secondary to mesenteric ischemia and 240 cm of necrotic small bowel was resected.

**REFERENCES**


**DISCUSSION**

Small intestine ischemia arises from a sudden decrease in mesenteric blood flow.\(^1\) Common etiologies include hypoperfusion or occlusion.

Pregnancy is a risk factor for mesenteric venous thrombosis. Most common presenting symptoms of mesenteric ischemia include constant abdominal pain, nausea and vomiting. Typically, lab counts will show a WBC > 10 \(x\) 10\(^3\)/\(\mu\)L.

Common symptoms of preterm labor include abdominal pain, nausea, vomiting, dull back pain and vaginal discharge. It is common for the WBC to be elevated during labor, often up to 20 \(x\) 103/\(\mu\)L.

Mainstay of treatment for parturient mesenteric ischemia is surgical revascularization. Monitoring of uterine contractions/fetal heart rate should be performed at the beginning and end of the procedure.\(^2\) Neonatal and obstetric caregivers should be readily available. The primary concern though is maternal safety.

**CONCLUSION**

One should suspect mesenteric ischemia in parturients with constant abdominal pain inconsistent with other diagnoses and a steadily increasing leukocytosis. This rare pathology requires early diagnosis and urgent surgical management.

**OTHER CAUSES OF PARTURIENT ABDOMINAL PAIN**

- Twisted Ovarian Cyst
- Ectopic Pregnancy
- Pre-eclampsia and Eclampsia
- Urinary Tract Infections
- Uterine Fibroids
- Braxton Hicks Contractions
- Placental Abruption
- Acute Cholecystitis
- Acute Appendicitis
- Kidney Stones
- Pancreatitis