

APPENDICULAR CARCINOMA AND PREGNANCY

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A 24-year-old black patient with a pregnancy of approximately 32 weeks' gestation who clinically presented an underlying condition compatible with a non-toxic nodular goiter with acute onset and clinical manifestations of heart failure, which produced respiratory limitation functional and cardiomegaly according to the primary clinical assessment. Subsequently, it presented hydro electrolytic and metabolic alterations and an acute abdominal pain that oriented to an inflammatory appendiceal picture that after the clinical and surgical evaluation decides the interruption of the pregnancy to safeguard the maternal-foetal unit. The segmental caesarean section with epidural anaesthesia is used to extract the foetus as a condition to release the product from a potential infectious risk to the eventual acute appendicitis and to facilitate the surgeon the standard surgical management of an appendectomy, with a smaller uterus after removal. The interesting thing about this clinical case is that when exploring the right iliac fossa to locate the apparently inflamed appendix, what is found is a small tumor that depends on its cephalic end and mucinous material in abundant amount. Given the evidence, that it was not an appendicitis but the high probability of an appendicular carcinoma, it was decided to practice an appendectomy using the conventional technique, to extract all the mucinous material from the abdomen and to send the material for a cytohistopathological study and its definitive diagnosis that ended up being effectively by the results of pathology the low grade appendicular mucinous adenocarcinoma associated with pregnancy. This case reveals the necessary complete and effective prenatal assessment of a pregnant patient who may even evolve with an unsuspected appendiceal carcinoma and rare clinical presentation.

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