

# Severe Constipation in Pregnancy Resulting in Colonic Perforation and Placental Abruption

Matthew Norris, DO; Melissa Goslawski, MD; C. P. Holliday, JD, MD; Madison Poiroux, BS

Department of Obstetrics and Gynecology, University of South Alabama, Mobile, AL

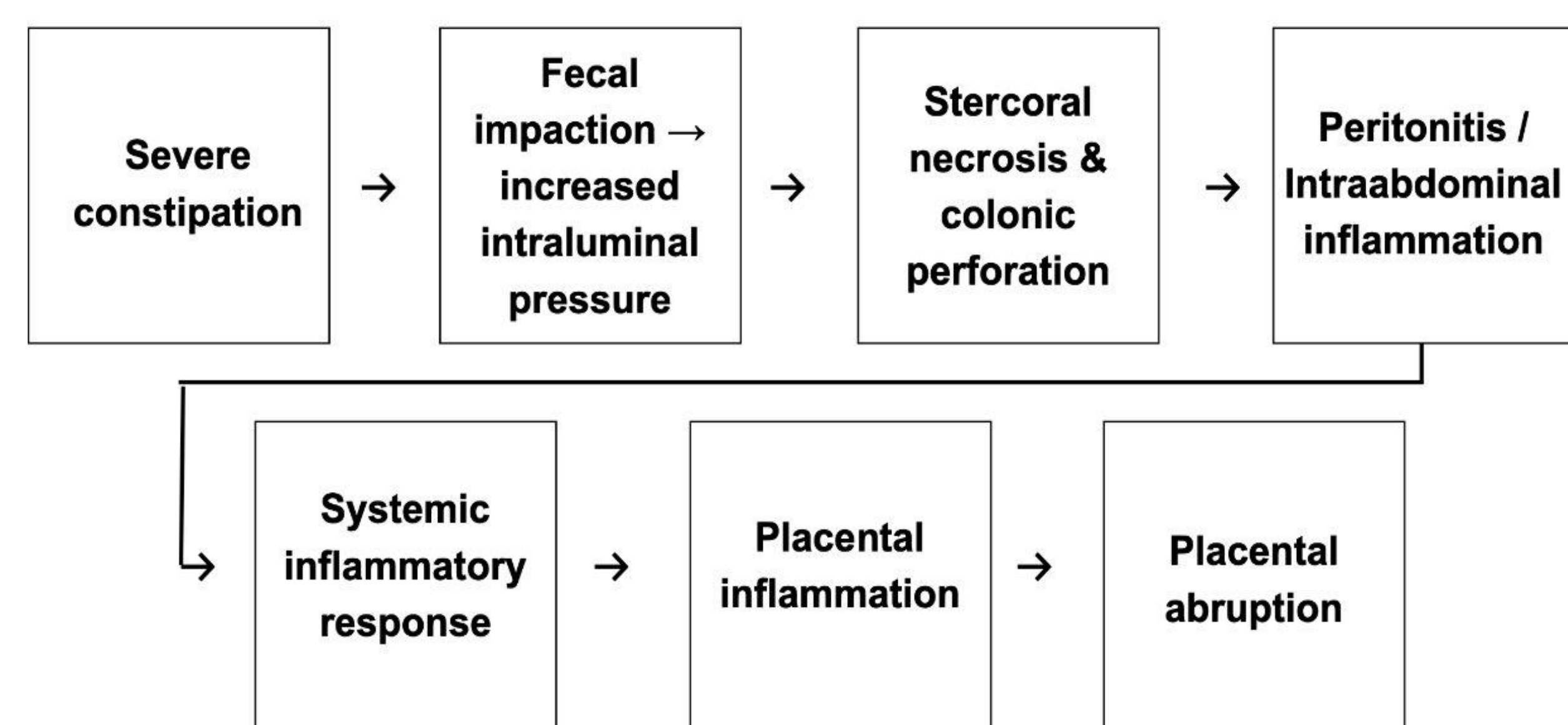


## Objectives

1. To describe a rare and severe presentation of constipation in pregnancy complicated by colonic perforation, stercoral necrosis, and placental abruption
2. To highlight diagnostic and management challenges of severe gastrointestinal pathology during pregnancy
3. To emphasize the relationship between intraabdominal inflammation and obstetric emergencies
4. To reinforce the importance of early management of a common condition

## Introduction

- Constipation is a common complaint during pregnancy and is typically managed conservatively.
- Physiologic changes including progesterone-mediated gut hypomotility, uterine compression, and medication effects contribute to bowel dysfunction.
- While generally benign, severe constipation can result in rare but catastrophic gastrointestinal and obstetric complications.
- A review of the literature reveals only four previously reported cases of stercoral colonic perforation during pregnancy. There are no case reports of colonic perforation with simultaneous placental abruption.
- This case illustrates a life-threatening presentation of refractory constipation in pregnancy complicated by colonic perforation and placental abruption management of a common condition.



## Case Description

A 42-year-old G9 at 24+1 weeks gestation with no significant medical or surgical history. Her pregnancy was complicated by persistent nausea/vomiting, treated with ondansetron.

She presented to an outside hospital with a 2-week absence of bowel movement and severe stool burden on imaging. She failed an aggressive bowel regimen, resulting in transfer for higher-level surgical care.

On arrival, she had severe abdominal pain, large-volume vaginal bleeding, and a non-reassuring fetal status. There was concern for placental abruption. She underwent emergent cesarean delivery.

Intraoperative findings were complete placental abruption and chylous ascites. Additionally, multiple sigmoid perforations, stercoral necrosis, and extensive fecal impaction. She had severe cecal dilation. Surgical management included open sigmoid colectomy with end descending colostomy and appendectomy.

Postoperative course complicated by intraabdominal abscesses, managed with image-guided drainage and antibiotics. See Figure 1. Maternal and neonatal outcomes were favorable; both discharged in stable condition: mother at 17 days and 155 days for the baby.

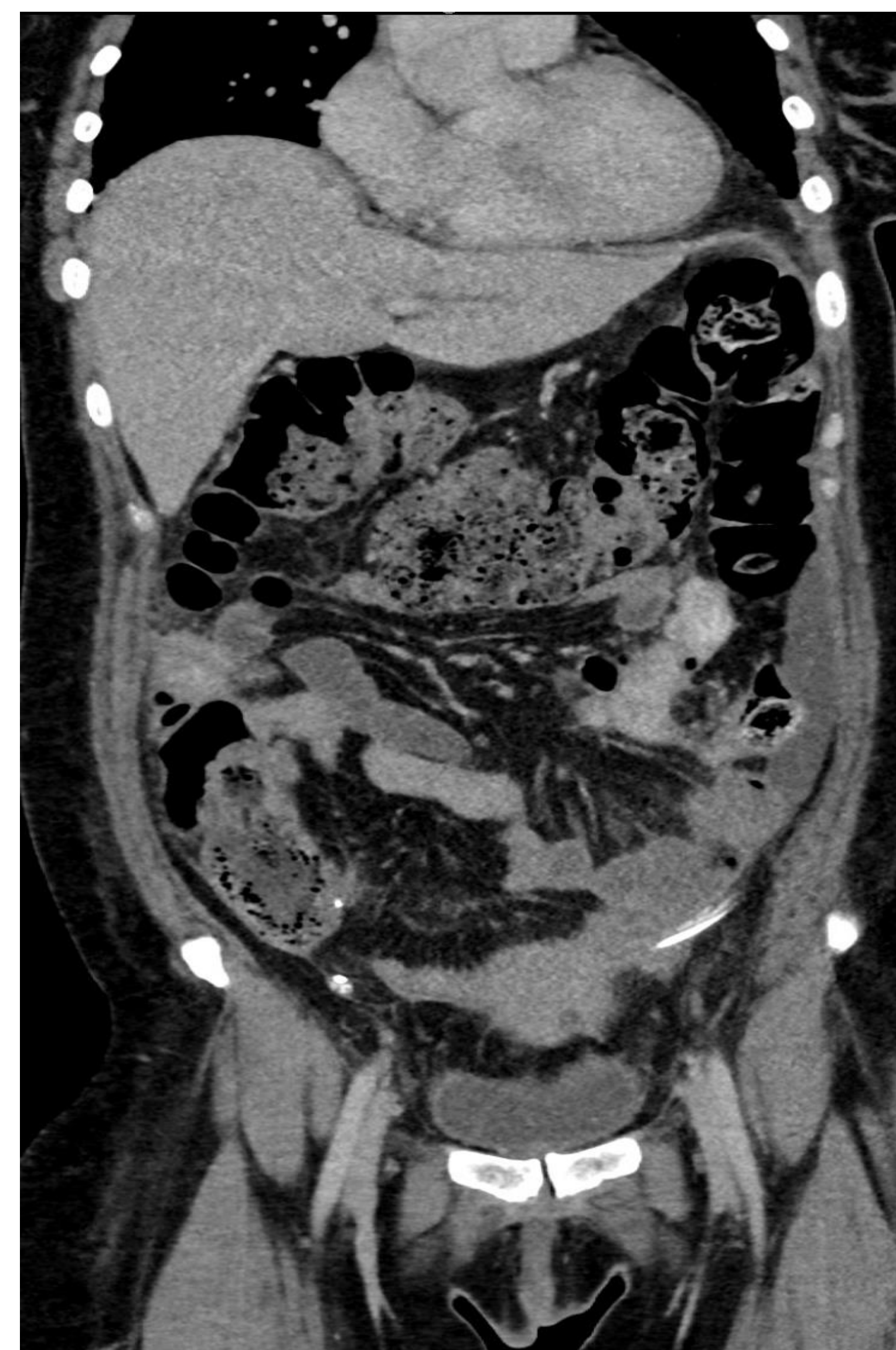


Figure 1 – Even 10 days post-cesarean, sigmoidectomy with end colostomy etc. her stool burden remained high as evidenced here.

## Discussion

- This case underscores that constipation in pregnancy, while common and often considered benign, can progress to severe gastrointestinal pathology with catastrophic maternal and fetal consequences.
- The association between intraabdominal inflammation, colonic perforation, and placental abruption highlights the need for heightened clinical vigilance and a multidisciplinary approach in pregnant patients presenting with severe gastrointestinal symptoms.
- Early recognition, timely surgical intervention, and coordinated obstetric and surgical management are essential to optimize outcomes in these complex cases.

## References

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