

Title: Severe Constipation in Pregnancy Resulting in Colonic Perforation and Placental Abruption: A Case Presentation

Background/Synopsis

Constipation is a common complaint during pregnancy. The cause of constipation in pregnancy is multifactorial and involves hormonal, physiological, and anatomical changes as well as medication side effects. While constipation during pregnancy is typically managed conservatively, extreme cases can lead to severe gastrointestinal and obstetric complications. This case details a 42-year-old female with no significant past medical or surgical history at 24 weeks and 1 day gestation who presented with severe constipation unresponsive to an aggressive bowel regimen and developed life-threatening complications, including colonic perforation, bowel necrosis, and placental abruption.

Objectives/Purpose

This case report highlights the rare and potentially catastrophic outcomes of severe constipation during pregnancy. It aims to emphasize the importance of early recognition and intervention in cases of gastrointestinal distress during pregnancy, as well as the potential relationship between intraabdominal pathology and obstetric complications, such as placental abruption.

Design/Methods

Case report

Results

This is a case report of a 42-year-old gravida nine female at 24 weeks and 1 day gestation who initially presented to an outside hospital with severe constipation, significant stool burden on imaging, and lack of a bowel movement for two weeks. Her pregnancy had been complicated by persistent nausea and vomiting which was treated with ondansetron. Despite an aggressive bowel regimen, there was no improvement, and she transferred to our hospital for access to specialized surgical care. Upon arrival at our hospital, the patient was found to have large-volume vaginal bleeding and severe abdominal pain along with fetal heart rate changes. Together, these findings were concerning for placental abruption. An emergent cesarean section was performed shortly after her arrival at our hospital. Intraoperative findings revealed chylous ascites, a completely abrupted placenta, multiple sigmoid perforations, stercoral bowel necrosis, and significant stool impaction, all of which required emergent surgical intervention including an open sigmoid colectomy with creation of an end descending colostomy. The appendix was transected and removed to relieve pressure due to severe cecal dilation.

The placenta was noted to be completely abrupted, which was likely secondary to intraabdominal inflammation resulting from the colonic perforation. Chylous ascites was present, a rare but notable finding that may indicate severe gastrointestinal stress secondary to obstruction of lymph channels in the mesentery. Following cesarean delivery and surgical correction of the bowel perforations, the patient experienced postoperative complications including the development of

intraabdominal abscesses, which were successfully managed with radiologically guided drainage and antibiotics. Despite the complex clinical scenario, the patient and newborn recovered well and both were discharged in stable condition.

Conclusion

This case underscores the importance of prompt and aggressive recognition and management of severe gastrointestinal complications during pregnancy. It also highlights the importance of appropriate management of constipation, which is commonly regarded as a routine finding in pregnancy. Prolonged constipation in pregnancy may contribute to severe gastrointestinal pathology, potentially resulting in catastrophic maternal and fetal outcomes. The relationship between intraabdominal inflammation, colonic perforation, and placental abruption is particularly concerning and highlights the need for a multidisciplinary approach in managing high-risk obstetric and gastrointestinal cases. Early recognition, timely surgical intervention, and appropriate postoperative care are critical to improving maternal and fetal outcomes in such complex scenarios.