

# Acute surgical abdomen in Gynecology: new paradigms and practices

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## BACKGROUND

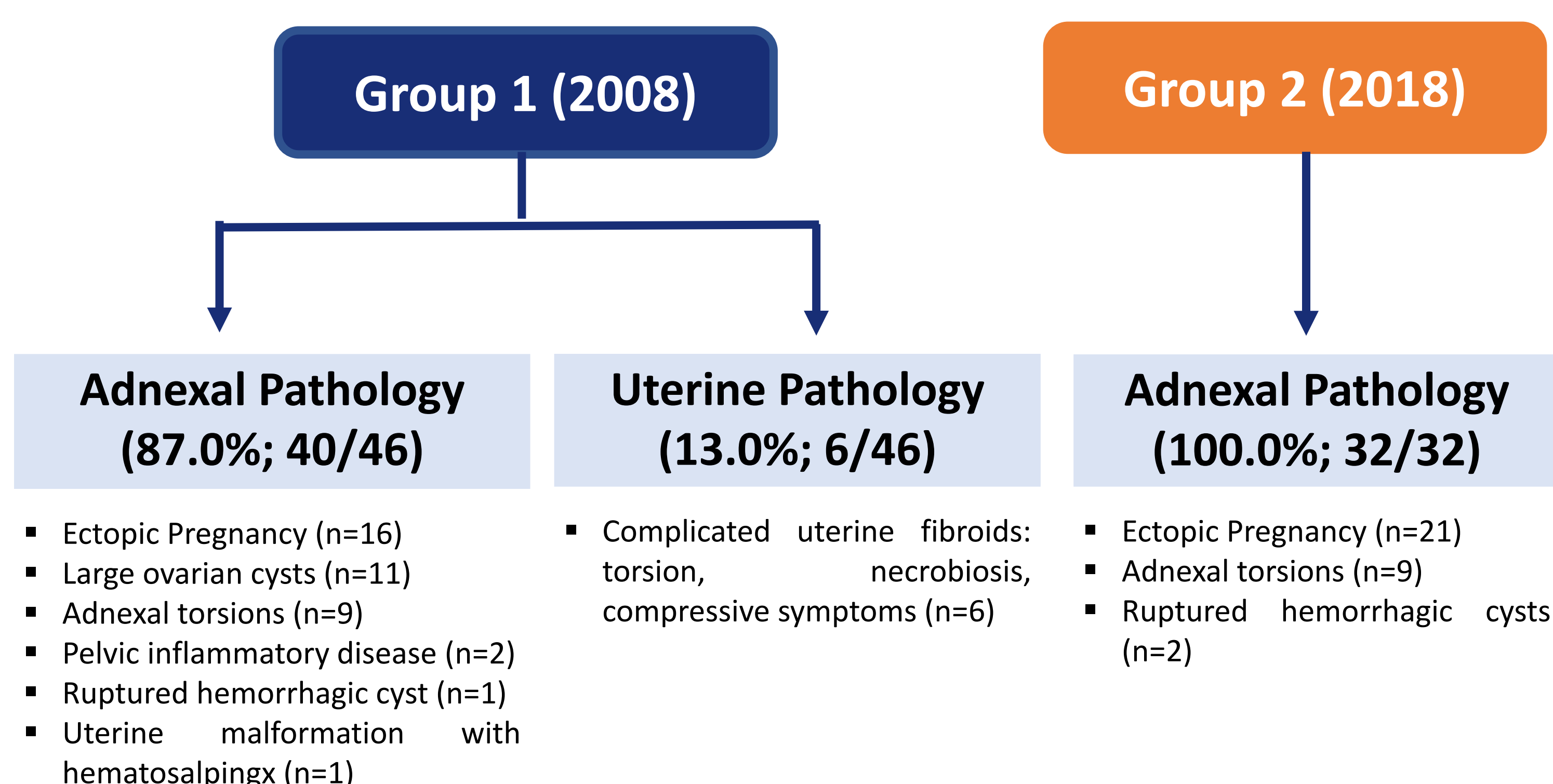
Ectopic pregnancy, adnexal torsion and complicated uterine fibroids (torsion/necrobiosis) are gynecological conditions presented as an acute abdomen and requiring emergent surgical treatment. Minimally invasive surgery is a safe option and when possible is the gold standard for the treatment of these conditions.

**Aim of the study:** Evaluate the changes in the approach of major acute surgical abdomen in Gynecology in the last 10 years.

## RESULTS

GROUP CHARACTERISTICS	Group 1 (2008) (n=46; 59.0%)	Group 2 (2018) (n=32; 41.0%)	p-value
Median age (years)	30 [12-68]	33 [19-79]	p=n.s.
Multiparity	34.9% (15/43)	52.0% (13/25)	p=n.s.
Post-menopausal status	2.2% (1/46)	3.1% (1/32)	p=n.s.

### ETIOLOGY



## METHODS

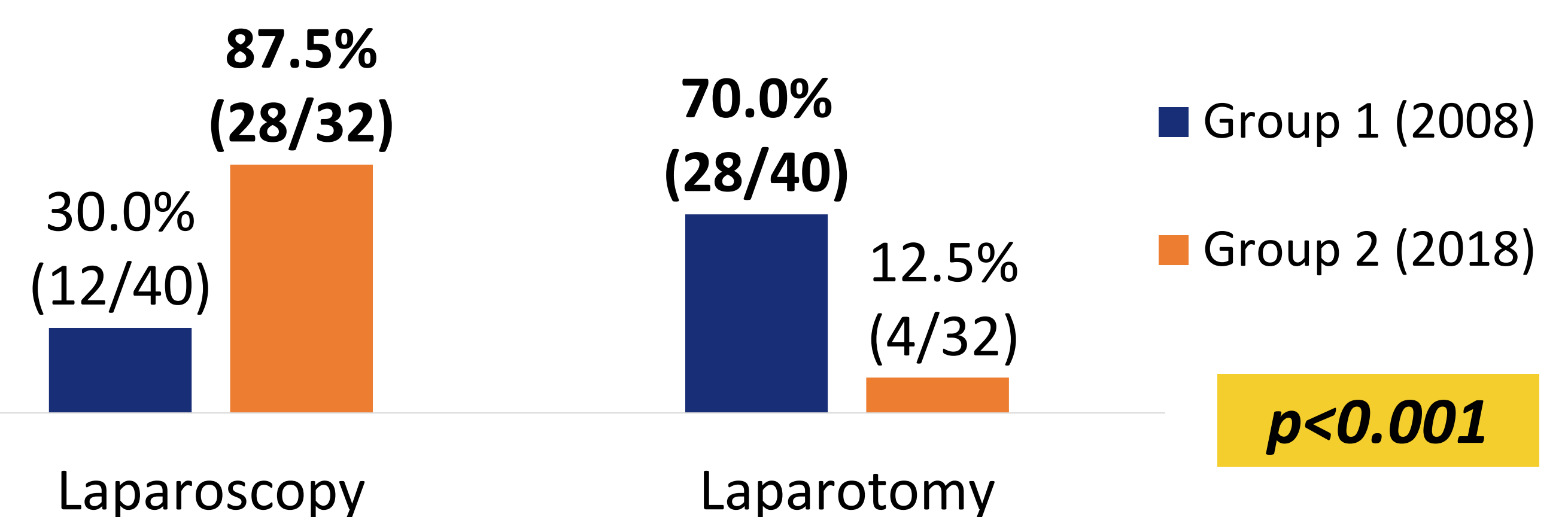
Retrospective and comparative analysis of the surgeries performed in cases of acute abdomen in our department in 2008 (group 1) vs. 2018 (group 2).

Statistical analysis was performed using IBM SPSS® Statistics v22 (p-value<0.05).

**Conflict of interest:** I have no potential conflict of interest to disclose.

### SURGICAL APPROACH AND OUTCOMES

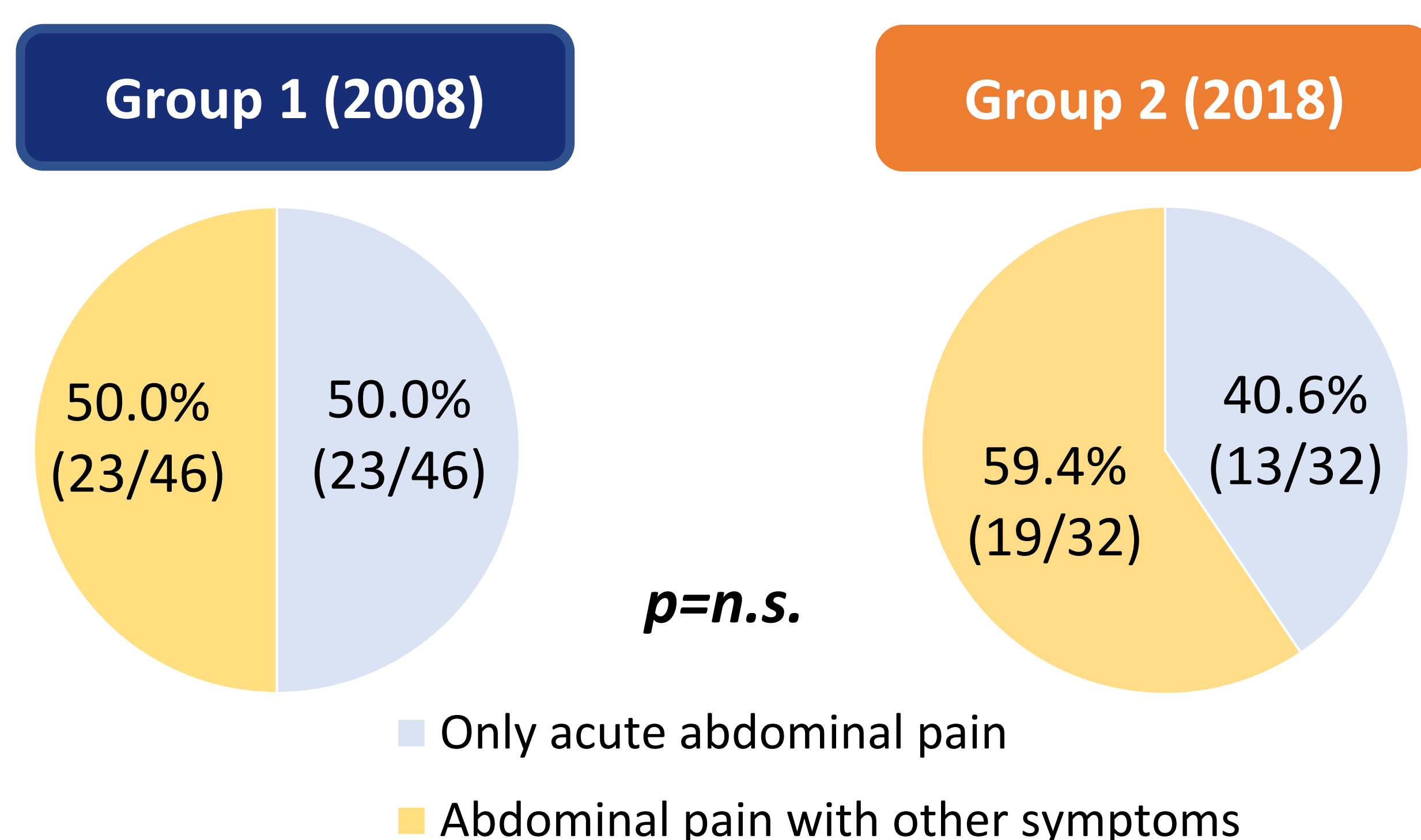
#### ADNEXAL PATHOLOGY:



#### UTERINE PATHOLOGY:

All cases occurred in **Group 1 (2008)** and were treated by laparotomic hysterectomy with salpingectomy/adnexectomy (S/A).

### CLINICAL PRESENTATION



	Laparoscopy	Laparotomy
<b>Group 1 (2008)</b>	<ul style="list-style-type: none"> <li>Salpingectomy (n=3)</li> <li>Ovarian cystectomy (n=3)</li> <li>Adnexectomy (n=2)</li> <li>Diagnostic laparoscopy (n=2)</li> <li>Hemoperitoneum control (n=1)</li> <li>Salpingostomy (n=1)</li> </ul>	<ul style="list-style-type: none"> <li>Hysterectomy with S/A (n=10)</li> <li>Salpingectomy (n=8)</li> <li>Adnexectomy (n=7)</li> <li>Ovarian cystectomy (n=3)</li> <li>Hemoperitoneum control (n=2)</li> <li>Others (n=4)</li> </ul>
<b>Group 2 (2018)</b>	<ul style="list-style-type: none"> <li>Salpingectomy (n=20)</li> <li>Adnexectomy (n=6)</li> <li>Hemoperitoneum control (n=2)</li> </ul>	<ul style="list-style-type: none"> <li>Ovarian cystectomies – large ovarian cysts associated with adnexal torsion (n=3)</li> <li>Adnexectomy – bulky adnexal mass with a large hemoperitoneum (n=1)</li> </ul>

	Group 1 (2008)	Group 2 (2018)	p-value
Hospital stay (days)	3.0 [1-7]	2.0 [1-3]	p<0.001

**Postoperative complications** (2 cases of wound dehiscence) only occurred in **Group 1 (2008)**.

## CONCLUSIONS

Uterine conditions like complicated fibroids were uncommon in recent times, currently representing an unusual cause of acute surgical abdomen. Laparotomic hysterectomies were also rarely performed as emergent indications, probably due to available medical treatment of abnormal uterine bleeding. Laparoscopy has been increasingly used as a first line surgical approach in many emergent gynecological interventions, emphasizing a shorter hospital stay and recovery.