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Ovoke Egagifo

Somerset NHS Foundation
Trust, United Kingdom

Biography

Ovoke Egagifo is a Specialty Doctor in Obstetrics and Gynaecology at Somerset NHS Foundation Trust, United Kingdom. She has authored peer-reviewed publications and presented clinical, audit, and quality improvement work at local and regional meetings. Her professional interests include maternal medicine, complex pregnancy care, patient safety, and medical education. This presentation reflects her interest in uncommon medical disorders in pregnancy and multidisciplinary obstetric care.

Acute appendicitis in early pregnancy: diagnostic challenges and multidisciplinary management

Abstract

Acute appendicitis is the most common non-obstetric surgical emergency in pregnancy and remains a diagnostic challenge because physiological and anatomical changes may obscure classical clinical features. Delayed diagnosis increases the risk of perforation, maternal morbidity and adverse pregnancy outcomes. We report the case of a 36-year-old primigravida at approximately 5–6 weeks' gestation who presented with severe abdominal pain, vomiting and a positive pregnancy test. Initial assessment demonstrated suprapubic and periumbilical tenderness without guarding or peritonism. Early investigations showed a β -hCG of 16,000 IU/L, white cell count of $12.28 \times 10^9/L$ and C-reactive protein (CRP) of 31 mg/L. Ultrasound assessment was inconclusive. Despite repeated multidisciplinary reviews by obstetric and surgical teams, the diagnosis remained uncertain because classical right iliac fossa tenderness was absent. Over the following days, inflammatory markers continued to rise, with CRP increasing to 436 mg/L. The patient developed persistent abdominal pain, pyrexia and evolving peritoneal signs. MRI subsequently demonstrated a perforated appendix with associated abscess formation. Laparoscopic appendicectomy confirmed a perforated appendix and pelvic abscess. Postoperative recovery was satisfactory; however, the pregnancy subsequently resulted in early miscarriage. This case highlights the diagnostic difficulties of appendicitis in early pregnancy and the limitations of clinical assessment and ultrasound imaging. It emphasises the importance of maintaining a high index of suspicion in patients with persistent abdominal pain and rising inflammatory markers. Early multidisciplinary collaboration and timely use of advanced imaging are essential to optimize maternal and fetal outcomes.