



3RD INTERNATIONAL CASE REPORT CONGRESS

**MACEDONIAN-TURKISH
MEDICAL SYMPOSIUM**

**SYMPOSIUM:
MEDICAL EDUCATION AND HEALTH
SYSTEMS IN BALKAN COUNTRIES**

BOOK OF ABSTRACTS

4-7 APRIL 2025

SKOPJE, N MACEDONIA



JOURNAL OF THE MACEDONIAN MEDICAL ASSOCIATION
MACEDONIAN MEDICAL PREVIEW, 2025 - SUPPLEMENT 01/2025

INCIDENTAL HEMATOPERITONEUM IN LAPAROSCOPIC APPENDECTOMY IN PREGNANT PATIENT

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Acute appendicitis is the most common non obstetric emergency in pregnant women and often associated with a late diagnosis and complications such as perforation and fetal loss. We present a case of a 25-year-old primigravida, with epigastric pain radiating to the lower right quadrant that appeared 12 hours before admission, nausea, vomiting, white tongue and foetor ex ore. The laboratory values: WBC 18.000, RBC 4.12, HCT 36.2, CRP 22. Ultrasound examination: fetal biometry corresponded to 7 gestational weeks, positive cardiac activity, a small amount of peritoneal fluid was present in the right paracolic, ileocecal region and in Douglas's space, thickening of the wall of appendix vermiformis, surrounding inflammation of fatty tissue. The patient was observed in the next 6 hours, pain persisted in the lower right quadrant with propagation to the left quadrant. An indication for laparoscopic intervention for acute appendicitis has been made. The patient was placed in the supine position with the first camera and extraction port supraumbilically (10 mm) and the second port (5 mm) suprapubically. On laparoscopic exploration, 200 ml of bloody content was found in the pelvis and the vermiform appendix with reactive changes in the middle part towards the apex. An infundibular paraovarian cyst with a diameter of 20 mm was present on the right fallopian tube. The right ovary was ruptured with bleeding on one side. A third port (5 mm) was placed left pararectally. Aspirated pelvic blood was sent in the laboratory for beta HCG determination and partial resection of the right ovary and appendectomy were performed. After lavage, a Redon drain was placed in the pelvis through the suprapubic port. Postoperative course was normal and the drain was removed on the second postoperative day. Gynecological ultrasound was performed on the third postoperative day, the findings were normal and patient was discharged home.

Keywords: hematoperitoneum, acute appendicitis, pregnancy, treatment