

AB196. Toxic megacolon in pregnancy: a case report

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Abstract: Toxic megacolon is a potentially lethal complication of inflammatory bowel disease (IBD) or infectious colitis that is characterized by total or segmental nonobstructive colonic dilatation with systemic toxicity. We present the case of a 23-year-old primigravida female, with a background of Crohn's disease who presented with a severe ischiorectal abscess secondary to a rectal perforation caused by Crohn's proctitis. Ultrasound guided drainage was performed, with a pigtail catheter left in-situ. At 34 weeks gestation, the patient developed severe crampy abdominal pain with evidence of both maternal and foetal sepsis, for which an emergency caesarean section was carried out. Day 2 post-partum, the patient had ongoing refractory pain, absolute constipation and evidence of systemic toxicity. A

diagnosis of toxic megacolon was made and an emergency subtotal colectomy performed, with the distal sigmoid colon over-sewn and externalised in the inferior portion of the wound. The presence of the hypervascular post-gravid uterus prevented pelvic dissection due to the risk of uncontrollable haemorrhage and maternal mortality. The patient was returned to theatre 5 days later for maturation of a mucous fistula. In pregnancy, acute fulminant colitis is rare, and, when it becomes refractory to maximum medical therapy, emergency colectomy is mandated. This mandatory surgical intervention carries a risk of significant morbidity and mortality to both mother and foetus. Only 11 previous cases have been described in the literature, with varying rates of morbidity and mortality. Should emergency intervention be necessary, our case demonstrates that this can be safely performed.

Keywords: Crohn's; pregnancy; toxic megacolon

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