

Case report

IDIOPATHIC SCLEROSING PERITONITIS IN A PREGNANT WOMAN

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Introduction :

Among the drug that can induce disorders, of the fibrotic type, oculomucocutaneous syndrome was considered to be precipitated by Practolol . This syndrome consists of a sclerosing peritonitis and pathological changes in other sites (eyes , skin , ears , pleura and pericardium)¹.

Sclerosing peritonitis is different from retroperitoneal fibrosis and occurred after 2-3 years treatment with normal doses of Practolol¹.

Although other beta -blockers have been suggested to rarely induce a similar condition, the syndrome was reported to occur spontaneously.^{1,6,12}

A small proportion of patients undergoing chronic ambulatory peritoneal dialysis (CAPD) who have not previously suffered from episodes of peritonitis may eventually develop failure of dialysis because of the thickening of the peritoneal membrane which ceases to function as dialysis filter¹⁰. CAPD was reported to be associated with the development of both Sclerosing Peritonitis and Systick Lupus Erythematosus⁹.

Case Report:-

A 20 years old pregnant lady was admitted to Al-Zahrawi Hospital casualty, with a complaint of sudden progressive central abdominal pain, colicky in nature. The pain was peri - umbilical in the start, 3 hours later it shifted to the right iliac fossa & its nature become persistent instead of colicky. The duration of the pain was 4 hours. It was not associated with vomiting, diarrhea or abdominal distention. She occasionally had an attack of a colicky abdominal pain which was relieved by simple antispasmodic prescribed by her doctor. She was pregnant for 3 months & her obstetric history was normal. Her past history was normal.

On clinical examination .she was in severe pain, restless and pale. Blood pressure was 100/70, pulse rate: 100/min, temperature: 37.8C^o Abdominal examination revealed tense abdomen. guarding allover. Borborygmi was heard simultaneously during the attack of pain on abdominal auscultation Obstetric assessment reveal normally progressing pregnancy. Regarding the investigations. Hb:13 gm%. General urine examination was normal. Radiological investigations were not requested because the patient was pregnant in the 1st trimester.

Surgical exploration revealed that almost all the small bowel was encased by a chalky white thick membrane causing kinking & twisting of bowel. The v. appendix was normal. There were neither mesenteric lymphadenopathy nor ascites. Finger & gauze dissection failed to strip the thick membrane out of the bowel . Using sharp pointed scissors, the membrane could be stripped of and sent for histopathological examination. The patient spent a smooth post operative course. The histopathologist reported fibrosis & serositis .no evidence of a granuloma .

Discussion:-

In the absence of previous abdominal surgery, alcoholic cirrhosis³ and intake of Practolol or other beta blockers a diagnosis of sclerosing peritonitis is beyond thinking if we met a case of acute abdomen. The reported cases are few. The pregnant lady presented with central abdominal pain which was very sever and of short duration. We considered acute perforated appendicitis, perforated duodenal ulcer and volvulus of small bowel as differential diagnosis of the case. Investigations couldn't help us especially the radiological because of the contraindication during pregnancy. The

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operative exploration cleared the problem i.e. the obstruction was relieved through sharp dissection cutting the thick fibrous membrane which was stripped away completely exposing the serosa of the intestine from the duodenojejunal junction to the terminal ileum. There was a plane of cleavage between the membrane and the underlying bowel which was avascular plane facilitating surgical dissection. The viability of the bowel was maintained and thereafter the patient spent a smooth post-operative course. If surgery was delayed the fate would differ adversely and the viability wouldn't be assured.

Practolol - induced sclerosing peritonitis was first described by Brown and colleagues in 1974².

The patient presents with symptoms and signs of subacute obstruction and there is often a palpable mobile mass within the abdomen. At operation, the small bowel is found matted together and encased in a white fibrous membrane, which represents the mobile mass that is so often palpable².

The effect is not restricted to Practolol but many beta blockers (Inderal, Oxyprenolol & Atenolol)^{1,4,7}.

The pathology is unknown but electron microscopy studies suggest that the process is one of destruction of the mesothelium with progressive connective tissue formation^{7,8}.

Patients developing this peculiar membrane have been reported in whom there have been no question of ingestion of any drug⁶. These cases were young women within the narrow age range (13-18) years in whom the obstruction was due to the membrane encasing the small bowel in the manner of a cocoon. There was no previous history of abdominal surgery, peritonitis or drug ingestion in any patients. The development of this abdominal cocoon has now been documented in patients with cirrhosis and ascites in those who have undergone treatment by the LeVeen shunt and in those who have not^{5,7}.

Luteinized Thecoma was also reported to be associated with sclerosing peritonitis¹¹.

The majority of the affected patients are young women⁷.

Conclusion:-

I reported this case, a pregnant young lady in the first trimester, presented suddenly with acute abdomen with past history of no significance i.e. no previous abdominal surgery or beta blocker medication proved to be idiopathic sclerosing peritonitis which usually presents subacutely and insidiously.

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