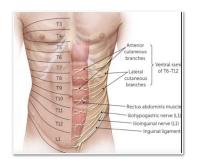
# 20 Virtual Annual Scientific Meeting 15-18 February

### Introduction

- The anterior cutaneous nerves communicate sensation from the skin of the abdomen and pelvis.
- Their neuropathy causes abdominal pain which is simple to diagnose clinically.
- A therapeutic transabdominal plane/transverse abdominus (TAP) local anaesthetic block confirms the diagnosis.
- Pregnancy displaces the abdominal wall ventrally, this can provoke neuropathy.
- While case reports of anterior cutaneous nerve entrapment in pregnancy exist, the prevalence is unknown.
- We introduce PRAWN as a subgroup of Anterior Cutaneous Neuropathy, an underappreciated cause for antenatal abdominal pain.



## Pregnancy-Related Abdominal Wall Neuropathy (PRAWN). A common and treatable cause of pain in pregnancy. A case series. S.Halpin, I.Camano, E.Twidale

#### Materials & Methods

- A prospective, quality improvement study of pregnant women presenting to Waikato Hospital with abdominal pain.
- Patients were recruited once they were found to have history and exam findings of anterior cutaneous nerve entrapment.
- Visual Analogue Scales for pain were taken before and after TAP blocks with ropivocaine. We also measured patient-reported acceptability of the block via a 5-point Likert Scale.
- We later contacted patients to report on their painfree intervals

#### Results

- All women who received blocks had a significant reduction in their pain Visual Analog Scales.
- 9/10 patients had >%50 reduction in their pain. The length of effectiveness of the block ranged from 12 hours to 10 days.
- When asked whether they would recommend a repeat block in the same situation again, 8/10 marked 'definitely yes'.
- Apart from the discomfort of the procedure, there were no reported side effects or complications from the blocks.

| Fibrous membrane | Rectus abdominis muscle |
|------------------|-------------------------|
| 3                | 12/25                   |
|                  |                         |
| Fibrous canal    |                         |
| lerve            |                         |
| 1                | Fat pad                 |
| PRS Intra-ab     | Anchoring tissue        |
|                  |                         |

| Patient Details | Gestation | Pain Score<br>Before Block | Pain Score<br>After Block |
|-----------------|-----------|----------------------------|---------------------------|
| Patient 1       | 35/40     | 6                          | 2                         |
| Patient 2       | 34+5      | 8                          | 0                         |
| Patient 3       | 35+5      | 7                          | 0                         |
| Patient 4       | 28        | 9                          | 1                         |
| Patient 5       | 29        | 8                          | 0                         |
| Patient 6       | 21 +4     | 5                          | 1                         |
| Patient 7       | 37        | 8                          | 2                         |
| Patient 8       | 33+6      | 9                          | 5                         |
| Patient 9       | 24+5      | 8                          | 1                         |
| Patient 10      | 27        | 8                          | 0                         |

#### Conclusion

- PRAWN is a hitherto unrecognised and undertreated cause of abdominal pain in pregnancy.
- In the four months since the subgroup was proposed, we have collected the largest case series of abdominal wall neuropathy in pregnancy in the existing literature.
- We propose that PRAWN exists, is easily diagnosed and can be treated in the short term with a simple nerve block.
- The ultimate pharmacological treatment to give the longest lasting pain relief is yet to be determined.
- Our long term hypothesis is that the so called 'Round Ligament Pain' is actually PRAWN.

#### References

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