SUCCESSFUL OUTCOME IN A CASE OF ABDOMINAL PREGNANCY

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INTRODUCTION

- An ectopic pregnancy is one in which the fertilized ovum is implanted and develops outside the normal endometrial cavity
- The incidence of abdominal pregnancy is 1% in the reproductive age group
- With the use of ART the incidence is found rising

CASE REPORT

- Informed consent of the patient was taken for this case report
- Mrs. M.M, 29 years old, G4 $P_{1(NVD)\ +2(SA)}$ was referred from peripheral hospital on 22/06/2018 as suspected extra uterine pregnancy on opening abdomen
- LMP – 30.10.2017, EDD – 10.07.2018, POG on admission – 37.3 weeks
- She was a booked case of Baruipur SDH

INVESTIGATIONS

- USG (22/6/2018) – Showing SLF, cephalic, placenta - anterior, Liq-less than average , 35-36 weeks
- USG (03/02/2018) – Bicornuate uterus, SLF, unstable lie, Placenta – Anterior, Liq – average, 17 weeks
- Hb% - 10.1gm/dl
- FBS – 83mg/dl
- PPBS – 102 mg/dl
- B positive
- HIV (I and II) – Non reactive
- VDRL – Non reactive
- HbSAg – Non reactive
- fT_4 – 1.04
- TSH – 2.0

INTRAOPERATIVE FINDINGS

Emergency laparotomy ↓ GA was done. On opening abdomen at the previous incision line:

- Uterus is 16 weeks size intact
- There was a fetus with placenta in upper abdomen
- Midline incision given up to Xiphisternum
- Live baby delivered followed by placenta separation from underlying omentum , sigmoid colon and rectum as per as possible ligating both the ends
- Placenta is removed maximally, some portion was left over recto sigmoid
- Surgery ES was consulted and minor mesocolic peritoneal tear repaired
- Homoestasis was secured

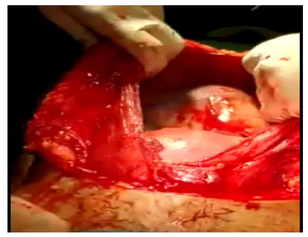


Fig 1: Fetal head seen on opening peritoneum

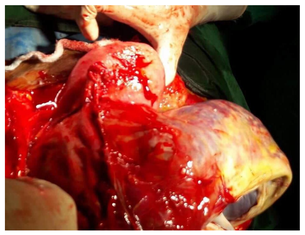


Fig 2: Profuse bleeding seen after delivery of baby

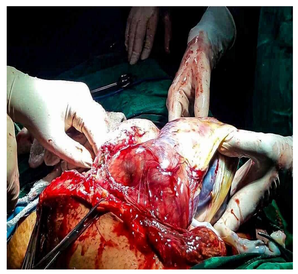


Fig 3: Placenta adhered to omentum and gut

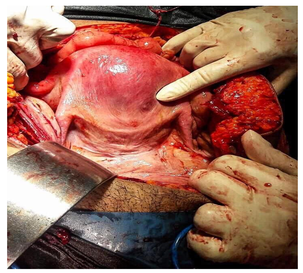


Fig 4: Empty uterus 16 weeks size

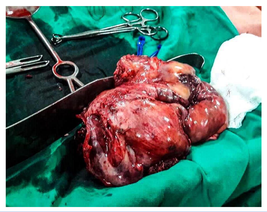


Fig 5: Placenta

POSTOPERATIVE PERIOD

- She was kept under ventilatory support for 3 days and extubated on 25.06.2018
- Received broad spectrum antibiotics, IV fluid, blood and platelet transfusion
- Gradually her clinical condition improved

BABY DETAILS

- A live boy baby 1.87 kg was delivered and kept in SNCU for delayed cry.
- Both the mother and baby discharged after 2 weeks in healthy state.

DISCUSSION

The criteria laid down by STUDIFORD to diagnose primary abdominal pregnancy:

- Both the tubes and ovaries are normal without evidence of recent injury
- Absence of uteroperitoneal fistula
- Presence of pregnancy related exclusively to the peritoneal surface and young enough to eliminate the possibility of secondary implantation following primary nidation in the tube.

USG can give diagnostic error but MRI confirms the diagnosis.

CONCLUSION

- Abdominal pregnancy is the rarest site of ectopic pregnancy with perinatal mortality 90% with high maternal morbidity. But this is a case presenting a successful outcome with a normal infant.



DISCLOSURE OF INTEREST - NONE

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