

# SIMULTANEOUS ABDOMINAL AND UTERINE PREGNANCY

by

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It is seldom observed that abdominal and uterine pregnancies occur at the same time. But Allen-Brew' says "Many cases are on record, both in ancient and in modern times in which an extra-uterine foetus has been retained within the abdominal cavity for many years after its death". In the following we propose to present such a case, which we recently had in our hospital.

## Case Report

Mrs. "A", aged 28 years, gravida iv, para ii, came to the surgical O.P.D. of Lisie Hospital, Ernakulam, Kerala State, on 1-3-1966 with the complaints of abdominal distension since 2 years and amenorrhoea since 8 months. The case was referred to our obstetric unit stating that she was pregnant, with a mass in the abdomen. When questioned why she had been to the surgical O.P.D. she said that she was repeatedly told by different doctors that she was pregnant and yet nothing had happened so far, hence this time she preferred to go to a surgical unit.

When we took a detailed history her main complaints were — abdominal distension since 2 years, vague abdominal discomfort and heavy feeling since 1 year, occasional vomiting, amenorrhoea 8 months; last period 1st week July.

## On Examination

Uterus — 30 weeks' size with slight

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irregularities at the fundus, oblique lie. Foetal heart heard at the level of the umbilicus, presenting part was breech. Besides the uterine pregnancy there was also an elongated mass palpable in the upper abdomen, more on the right side of the abdomen. The mass was hard in consistency with moderate mobility. It was separate from the uterus.

On admission, general condition was fairly good. Cardiovascular and respiratory systems were normal. B.P. 110/80. No signs of toxæmia. All blood values were normal. V.D.R.L. negative.

**Previous History.** She had a course of anti-tubercular treatment 3 years ago.

**Family History.** She had been married for 12 years, 2 children living, first child full-term normal delivery at home, 5 years old. Second child fullterm, normal delivery at home, 3 years old, last date of menstrual period April 25, 1964; expected date of delivery, 1965.

She did not have any antenatal check up for any of her pregnancies. In spite of not having any antenatal care everything went on smoothly till January 8, 1965, when she had severe pain in the abdomen and back and developed signs of shock at the same time. She became cold and clammy. Local midwife was called to her house. According to her instruction, patient was taken to the nearby district hospital in Mysore. Immediate and prompt attention was given to her. She got over the shock, but the foetal movements stopped. The doctors, who attended, examined her a few times during 2 weeks' stay in the hospital and told her that she was only five months' pregnant. She had 4 days' vaginal bleeding while she was in the hospital. Much against her request she was discharged from the hospital.

The very next day she went to see another doctor, with pain and distension of abdomen. The doctor noticed a mass in the abdomen. In short, within that 2 months' time, she was in the hospital three times and each time she stayed a few days. On her last visit x-ray of the abdomen was taken and she was told that she was 7½ months' pregnant. By this time there occurred a considerable improvement in her general condition. Size of the abdomen became smaller, pain subsided. She started getting regular periods. But the mass persisted. Though she always felt some heavy feeling in the upper abdomen that did not prevent her from doing her routine work.

In July 1965, she missed her period. She could not remember the exact date. Since she did not have any complaints she never attended any antenatal clinic. On 1st March 1966 she came to Lisle Hospital. After carefully listening to the present as well as the previous history we diagnosed the case as "normal pregnancy with an associated abdominal pregnancy". To confirm it we took plain x-ray of abdomen. It showed foetus of about 28 weeks' size in the uterus, in oblique lie, breech in the lower pole of the uterus. The interesting feature was it also showed another foetus in the abdominal cavity.

Throughout her stay here her general condition remained fairly good, she was administered multivitamins and iron; occasionally, Luminal tablet was given for sedation whenever she complained of abdominal pain. On 13th of March 1966, at night she got a sudden attack of severe abdominal pain and after some time, foetal movements stopped. We watched the patient carefully to know whether she was going in for rupture of uterus. Half hourly pulse and blood pressure were noted. To our great surprise there was no drop in blood pressure nor any variation in the pulse. There was no sign of bleeding. But she complained of pain in the lower abdomen. Pethidine was given for the pain.

On abdominal examination: size of the uterus which was very clear cut till previous day was not made out clearly. Foetal heart was not heard, head of the foetus seemed little higher than before. Per

vaginam cervix was soft, just admitted two fingers. There was fresh bleeding per vaginam; presenting part was not felt. Silent rupture of the uterus was diagnosed which was confirmed by taking another x-ray of the abdomen.

Even though there was no sign of hemorrhage, based on the clinical and x-ray findings we decided to do a laparotomy.

#### Findings at Laparotomy

Under general anaesthesia abdomen was opened by mid-line incision. To our great surprise, there was about a pint of free blood in the peritoneal cavity. The gestation sac was intact, and was occupying the left side midway between the umbilicus and xiphisternum; sac was free in the peritoneal cavity, and was found just lying over the intestines. It was not adherent to the surrounding structures, showing thereby that it was a recent rupture. The gestation sac was incised and a fresh dead female child was removed. It weighed 4 lbs. 4 ozs. Placenta with membranes intact was also removed without difficulty. Uterus was inspected and it was enlarged to 12 weeks' size; there was a 1½ inch size rupture on the left cornu of the uterus, edges were unhealthy, even though rupture had taken place recently. Rupture was closed in layers. Both tubes and ovary looked entire and normal.

Apparently there was no sign of another foetus. Earnest search was made to find the other foetus and at last it was found behind the loops of intestine under the hepatic area. Foetus, cord and placenta were shrunken and mummified. Placenta was mainly attached to the posterior abdominal wall and a part to the omentum and mesentery. Foetus with placenta intact weighing 3 lbs. was removed without much difficulty. There was only a minimum of hemorrhage. Patient was sterilised and abdomen closed in layers. Two pints of blood were given during the operation.

Post-operative period was apyrexial throughout. Stitches were removed on the 8th post-operative day and patient discharged on 28th March, 1966.

#### Summary

1. Abdominal pregnancy with

uterine pregnancy continuing up to 8 months is the interesting feature of this case.

2. Spontaneous rupture of the uterus without any signs of shock.

3. Operative findings and history suggest that even the first one might have been a uterine pregnancy with a spontaneous rupture to continue as an abdominal one.

4. Another salient feature of this case is that there is no history of trauma or abnormality of uterus for the spontaneous rupture.

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*Figs. on Art Paper III*

