

# LITHOKELYPHOS

## (A Case Report)

by

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The presence of a dead foetus in the abdominal cavity is not an uncommon event. This occurs as a sequela to primary or secondary abdominal pregnancy, when the foetus lives for different periods upto full term. The dead foetus undergoes varying degrees of calcification or other changes depending on the interval from the time of death to the time of its removal by operation. When calcified it is called lithopaedion.

Live extrauterine pregnancies themself-

(1962) reported 13 cases of abdominal pregnancies in a three year period giving an incidence of 1 in 538 deliveries and 12.5% of ectopics. While the accepted incidence of lithopaedion was 1.5 to 1.8% of ectopic pregnancies, Schoffstal and Fackler (1965) reported 4 cases in 2 years out of 41 patients treated for adnexal masses and ectopic pregnancies giving an incidence of 9.8%. The statistics for our hospital for the last 2 years are given in Table I.

TABLE I  
Incidence of Abdominal Pregnancies in Government General Hospital,  
Kurnool, A.P.

|   | 1969 | 1970 | Total |
|---|------|------|-------|
| Total deliveries .. .. .                              | 2318 | 2586 | 4905  |
| Abortions .. .. .                                     | 292  | 312  | 604   |
| Total conceptions treated<br>(abortions + deliveries) | 2611 | 2898 | 5509  |
| Ectopics .. .. .                                      | 19   | 21   | 40    |
| Abdominal pregnancies<br>(dead foetuses) .. .. .      | 1    | 1    | 2     |

ves are rare. In Andhra Pradesh State, Naidu (1960) reported 9 cases in a ten year period giving an incidence of 1 in 13,842 deliveries, and 1 in 57 ectopics. Raju, Satyabhama Reddy and Savithri

In our department, this is the second time we removed a calcified foetus from the abdomen of a patient in the last two years. The first case, a lithopaedion of 15 years duration was operated upon in August 1969. The present case is being reported for its clinical interest.

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### Case Report

Mrs. S., aged 23 yrs, was admitted on 31-12-1970 with the complaint of a lump in lower abdomen of 10 months duration which increased in size at the beginning

and subsequently decreased. Since 5 months she complained of difficulty in micturition and defaecation.

Menarche at 13 years. Married since 4 years. No children. Cycles originally regular, scanty periods since 14 months.

**History of present illness.** In December 1969 she was admitted in a district hospital with a history of 3 months amenorrhoea and pain in abdomen for 2 days and scanty bleeding for 9 days. She was treated as an in patient for 18 days. At first she was informed that she was 3 months pregnant. But later she was told that there was a tumour and was advised operation. Patient refused surgery and left the hospital. After discharge from the hospital, her periods were regular 3/28 but scanty. In June 1970 she again had pain in abdomen, vomiting and giddiness for 10 days. Thereafter the symptoms once again subsided. This time she did not seek any medical attention.

**General examination of heart and lungs** revealed no abnormality. Blood pressure 100/60 mm Hg. Hb 10 G.% Blood count normal. Urine—nil abnormal.

**Palpation.** A hard tumour felt in the lower abdomen, arising from the pelvis and extending upto umbilicus. The tumour was freely movable from side to side as well as upwards and downwards. It was oval in shape and well-defined.

**Per vaginam.** The hard mass was felt closely fixed to the top of the uterus. The body of the uterus could be felt separately, was anteverted and of normal size. The tumour could be moved in all directions.

**X-Ray.** Plain X-ray of the abdomen shows the foetus and the calcified membranes (Fig. 1). It can be seen that the sac is getting calcified at the point indicated by the arrow.

**Operation notes.** Abdomen was opened by a midline subumbilical incision. The omentum was found adherent to the anterior abdominal wall. The hard tumour, which was the foetus, was found enclosed in a sac in the lower abdomen extending upto the level of the umbilicus. The bowel and the omentum were closely adherent to the tumour all round. In some places the sac was densely adherent to the foetus and the

intestines, and had to be removed piecemeal to avoid injury to the intestines. The sac was also adherent to the fundus of the uterus. During dissection, some of the muscle fibres of the uterus were dissected and had to be repaired. Both the ovaries were normal. While the medial ends of the fallopian tubes could be traced on both sides, the fimbrial ends could neither be identified nor traced. Neither the umbilical cord nor the placenta could be made out in the hard mass that was removed. Oily material oozed out of some areas of the foetus. Also, few of the bones were getting detached when we tried to remove the whole foetus intact. Calcification of the soft parts of the foetus could not be seen with naked eye.

The patient had an uneventful recovery during the postoperative period and was discharged from the hospital on the 12th postoperative day.

**Foetus.** The foetus removed at the operation, measured 9" long and 9" broad and weighed 1.1 kg. Fig. 2 shows the skiagram of the foetus taken after its removal. Slight calcification of the soft parts of the upper extremity was noticed in the main X-ray. The age of the foetus was determined radiologically and was taken to be a full term foetus, since the centres of ossification had appeared in the lower end of the femur and in the calcaneum (indicated by arrows in Fig. 2).

#### *Comments*

On looking back into her history, it appears she was 3 months pregnant by Dec. 1969, when she was admitted into the district hospital. It is possible that pregnancy became abdominal at this time. The age of the foetus as per the X-ray findings suggests it lived to full term. That means the abdominal pregnancy continued upto full term. The episode of pain in abdomen in June 1970, could therefore be spurious labour resulting in death of the foetus.

The other interesting features of this case are that the patient gives a history of menstruation after the first episode following 3 months amenorrhoea. We do

not expect menstruation if the pregnancy was continuing to full term outside the uterus. Further she also denies having felt foetal movements at any time.

A dead foetus and its parts may get calcified in 3 different ways.

(1) Lithokelyphos — calcification of membranes. Foetus may or may not be calcified.

(2) Lithopaedion — calcification of the foetus without calcification of the membranes.

(3) Lithokelyphopaedion — calcification of the foetus and the membranes.

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*See Figs. on Art Paper VI*