LITHOPAEDION IN SECONDARY ABDOMINAL PREGNANCY

by

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Lithopaedion is a rare and curious sequela of an ectopic pregnancy. This prompted the author to report this case of lithopaedion with a brief review of the literature.

CASE REPORT

Mrs. M. aged 28 years, Para 0 + 0, married 16 years but separated from her husband for the last one year, presented with an abdominal lump and vague pain over the swelling for the last 6 months. She had no urinary or gastrointestinal symptoms. Her menstrual cycles were normal, and there was no history of amenorrhoea or irregular bleeding in the past.

Abdominal examination revealed a firm, irregular swelling in the suprapubic region arising from the pelvis and reaching upto about two inches below the umbilicus. The swelling was fixed and slightly tender. The cervix was firm and normal and pushed forward. The uterus was difficult to define separately from a firm, irregular mass felt in the posterior and right fornices. This mass was fixed and consistent with the abdominal swelling. The clinical diagnosis of multiple uterine fibroids was made.

At laparotomy, flimsy adhesions were encountered between the parietal peritoneum and the omentum. The greater omentum was adherent to a firm, elongated mass lying transversely across the fundus of the uterus. After separating these adhesions, the mass was identified as a lithopaedion arising from the rupture of the right tubal pregnancy. The right fallopian tube was distended to a size of 5" x 4" filled with blood clots. There was no trace of amniotic sac, cord or the placenta. The lithopaedion was easily removed. (Fig. 12). The sac was adherent to the posterior surface and the fundus of the uterus, the coils of intestines and the rectum. During separation of dense adhesions from the rectum, one cm. of the anterior rectal wall near its junction with the pelvic colon got accidentally torn. The gestation sac was excised after tying off its base, and the torn rectal wall was sutured. The right ovary was not seen. The left adnexa showed evidence of chronic salpingo-oophoritis. The uterus was anteverted and normal in size.

Discussion

In this case, there was no trace of the placenta, cord or the membranes. They obviously got absorbed with the passage of time. It is difficult to surmise the period of retention of the lithopaedion in this case, as the patient failed to give any history suggestive of ectopic pregnancy in the past.

If the lithopaedion becomes infected from the coils of intestines adherent to the sac, suppuration and breaking down of its contents lead to extrusion of the foetal bones into the bowel, bladder or through the abdominal wall causing a fistula or a sinus. Fortunately rupture into the general peritoneal cavity is rare, because, as a result of inflammation, the intestines become adherent and completely shut off the general peritoneal cavity.

The case under discussion could have been easily diagnosed if the X-ray of the abdomen was taken preoperatively. Because the history was so atypical and the clinical findings were least suggestive of this condition the clinical diagnosis of uterine fibroids was made and X-ray abdomen was not thought of.

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Hysterosalpingogram and X-ray abdomen with a sound in the uterine cavity would have revealed very interesting pictures in this case.

At laparotomy, during the separation of the gestation sac from the dense adhesions to the surrounding viscera, it is safer to leave a portion of the gestation sac tethered to these organs rather than to try and remove it as a whole, and thus cause injury to these organs. Despite all the precautions injury to the rectal wall was caused. Fortunately, the patient did well postoperatively.

Summary

1. A rare case of lithopaedion is presented.

2. Correct preoperative diagnosis is made only in about 50% of cases. The diagnosis would have been obvious if the X-ray of the abdomen was taken in this case. The atypical history and the clinical findings led us to the diagnosis of uterine fibroids.

3. Lithopaedion is known to be retained in the abdominal cavity for several years without causing the patient any discomfort and rarely it is discovered only at postmortem.

4. This case proves that the placenta can get completely absorbed with the passage of time and leave no trace of it, if the abdominal pregnancy is retained for a long period.

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See Figs. on Art Paper V