

ADVANCED ECTOPIC PREGNANCY

(Report of 2 Cases)

by

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Cases of ectopic pregnancy are always interesting as their manifestations are so varied, that they baffle even experienced Gynaecologists. The two cases reported here are interesting and rare.

Case 1

A Hindu female of 30 years was admitted at the General Hospital, on 20.1.1966, next day after her home delivery. She had had a full term normal delivery at home 5 yrs. back but the child died later. Two years prior to this admission she had nine months' amenorrhoea and had felt foetal movements, but did not deliver. At the end of the nine months amenorrhoea she had bled continuously at home for two months. The abdominal mass persisted since then though it became slightly smaller. She conceived again and delivered at home on 19.1.1966 and was admitted on 20.1.1966, because she was worried about the presence of a lump even after delivery.

Examination: Examination of the abdomen revealed the uterus to be of 20 weeks' size, and a separate mass was felt in the epigastrium. Foetal parts were felt indistinctly in the epigastric lump, though foetal heart was not audible.

Vaginal examination showed the uterus to be 20 weeks' size, the fornices were clear and the external os was completely closed. Lochia was healthy. Plain X-ray of the abdomen showed transverse lie of the foetus with the head in the right hypochondrium. Spalding sign was markedly positive. The diagnosis was secondary abdominal pregnancy, (ii) twin pregnancy with congenital abnormality of the uterus, (iii) pre-

sent normal pregnancy with old pregnancy in the congenitally abnormal uterus.

Treatment

Laparotomy was performed on 21.1.1966, under spinal anaesthesia. The horn in which the present conception had taken place was normal and well developed. The other horn was underdeveloped and its connection with the normal horn was very much stretched. The musculature of the underdeveloped horn was so much thinned out that the foetal hair could be seen through it. The underdeveloped horn was attached to the normal horn by a muscular band nearly 2½" in length near the isthmus and there was a definite communicating canal in it, and hence the conception must have taken directly through this canal (Fig. 1). This horn with the dead foetus was excised. The foetus was fully developed and showed signs of mummification. There was no liquor amnii in the sac. The foetus was almost full term. The post-operative recovery was normal and she was discharged home in perfect condition. Seen one month postoperatively she was absolutely normal.

Case 2

A Hindu female aged about 40 years was seen on 3.11.1973 with the complaints of pain in the suprapubic region, backache and weakness. She had three months amenorrhoea.

Obstetric History

She had one full term normal delivery 18 years back. Three years after that, that is fifteen years before this admission she had nine months' amenorrhoea and had gone into spurious labour followed by three months continuous bleeding per vaginum. The size of the abdominal swelling according to her gradually diminished to the present size of 18 weeks' in a few months. After the three months continuous bleeding

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she started having regular menses, till last three months.

Examination

On abdominal examination a tender mass of the size of 18 weeks pregnant uterus was felt in the suprapubic region. Vaginal examination revealed a very clear cut bony crepitus in the mass and by this examination one could make out that it was nothing but a bag of bones. Uterus was felt separately and was deviated to the right and was of normal size. Plain X-ray of the abdomen showed foetal bones jumbled up in one mass (Fig. 2). A uterine sound was passed with very minimal manipulation and an A.P. view taken (Fig. 3) (a lateral view could not be taken because of the extra expanse involved) also because the patient collapsed after the X-ray. It was feared that the collapse might be due to perforation of the uterus, but subsequent laparotomy did not show any perforation.

Laparotomy findings

The uterus was of normal size, deviated to the right. There was no perforation of the uterus or sac. The left tube was absent the left ovary was palpable though no visible due to adhesions. A sac containing foetal bones was adherent to the sides of uterus, back of bladder, pouch of Douglas and omentum. An incision was made on the thinned out sac on its posterior aspect, and all the bones were removed one by one (Fig. 4). Some of the small bones were stuck to the back of the bladder. There was no soft tissue of the foetus nor any placenta. All the bones were smeared with dark yellow, sticky fatty material. Subsequent examination of the bones showed that centres of ossification had appeared in the symphysis menti, basi occiput, lower end of femur and upper end of tibia. Hence the age of the foetus from the bones is calculated as nine months.

The patient was discharged on 19.11.1973, but was readmitted with a local infection in the wound and was discharged after seven days.

Discussion

Ectopic pregnancy usually ends in either acute subacute or chronic rupture. Very few cases advance beyond 4 to 5 months of gestation. If they continue to grow they end in spurious labour and may come with dead foetus. The dead

foetus may get mummified as in the first case, where the membranes, placenta and foetus became shrivelled up by absorption of the fluid in tissues. Occasionally the foetus develops adepocere changes, that is the soft tissues of the foetus get altered into a soap like substance. This adepocere change was observed in the second case. Some of the foetuses may show calcification in the membranes and placenta-lithocelyphose and scattered deposits in the foetus. In a few the foetus may be mainly affected by calcium deposition and true lithopoedion develops. In the two cases reported mummification and adepoceous changes were noted. In King's case there was an almost complete set of bones which had been removed from the infected sac. A photograph of full set of bones is shown in Munro Kerr's Operative Obstetrics where the patient had a dead foetus for 6 years. Chakravarty (1964) recorded a case where advanced ectopic pregnancy was retained for sixteen months. In the two reported cases here, in one the advanced ectopic pregnancy was retained for 15 years and in the second case it was retained for two years. The author has already reported two cases of advanced secondary abdominal pregnancy (1963, 1967).

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See Figs. on Art Paper XI