PRIMARY ABDOMINAL PREGNANCY

by

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A primary abdominal pregnancy is one in which ovum implants from the very beginning on the peritoneum. Although it is a very rare form of ectopic gestation, few cases have been reported in the literature. A case report of Studdiford, 1943 was proved beyond doubt where ovum was found implanted on the posterior surface of uterus 1.5 cm medial to the insertion of the fallopian tube. Studdiford's criteria for diagnosis of primary abdominal pregnancy are:

(i) Both tubes and ovaries should be healthy without showing any signs of recent or remote injury,

(ii) There should be no uteroperitoneal communication,

(iii) Presence of pregnancy related exclusively to one peritoneal surface and young enough to eliminate the possibility of secondary implantation following primary nidation in the tube.

A case of primary ectopic pregnancy fulfilling all the criterias has been reported as below:

Case Report

Patient B.K. aged 32 years was admitted in Associated Group of Hospitals, Bikaner on 26-1-1977 as a case of doubtful ectopic pregnancy, because there was no history of amenorhoea. The only complaint which brought her to the hospital was acute pain in the abdoman since 5 A.M. The onset of pain was abrupt, diffuse in nature and was associated with fainting attack and vomitings. There was no other complaint regarding urinary and bowel systems.

Patient's previous menstrual cycles were regular 3/30 days with average loss. Her last menstrual period was 29-12-77. The menstrual flow during her last period was normal for 3 days as usual. She had 5 full term normal deliveries. Her last delivery was 2 years back and there was no history of abortion.

In her past illness, she was a case of pulmonary tuberculosis and had taken complete treatment at T.B. Hospital. Bikaner 10 years back.

Patient came to the hospital in a collapsed condition. She was cold and pale but fully conscious. Her pulse was 126/minute regular, feeble B.P. was 70/40 mm Hg. No abnormality could be detected in her heart and lungs.

Abdominal examination revealed fullness and tenderness in the lower abdomen which was more marked on the right side. No actual lump was detected in the abdomen.

Bimanual pelvic examination revealed a soft cervix which was torn bilaterally. The movement of the cervix was very tender. Uterus was anteverted, anteflexed; its exact size could not be made out on account of tenderness but seemed bulky and soft. The right fornix was full and tender but left fornix and pouch of Douglas was free. Discharge was healthy.

As patient was in haemorrhagic shock, Injection Morphia 1/4th gr. was given, I.V. fluids started till blood transfusion arranged and it was given. On opening the peritoneal cavity and large quantity of fresh as well as altered blood was seen. Pelvic organs were explored to find out the site of ectopic gestation. While lifting the tube and ovary on the left side, chorionic tissue with sac was seen attached to the back

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of the posterior leaf of broad ligament. (Fig. 1) the left tube from uterine cornu to the fimbrial and was healthy, and was not showing any sign of recent gestation and right tube and ovary were also healthy. The chorion with sac was attached to the back of the posterior leaf of broad ligament, proximal to the fimbrial end but distal to the ovary. This particular site of broad ligament was found to be raw and bleeding. The left ovary was the seat of corpus luteum. As patient wanted sterilization total bilateral salpingectomy was done in usual way along with removal of sac and chorion of ectopic pregnancy. Peritoneal cavity was swabbed to remove blood and blood clots and abdomen closed. Post-operative period was uneventful. Patient was discharged on 9-2-77 in good condition.

Discussion

Primary abdominal pregnancy, although rare, does exist. In the above mentioned case, history of amenorrhoea of any duration was missing. It is not very surprising for her to have normal menstruation with ectopic gestation, even normal menstruation for 2 or 3 cycles have been mentioned for abnormal pregnancy implanted in the uterine cavity. The duration of pregnancy was very small only 3-4 weeks as judged by gestational sac and chorion. The most recent review of primary peritoneal or abdominal pregnancy of less than 12 weeks duration tabulated 24 cases from the literature and one other report has been added by Johnson (1968). Dehner, 1972 described that grossly most early abdominal pregnancies are located with the sac and involve either the posterior surface of uterus or the anterior aspect of recto-sigmoid colon. Depending upon the age of conception the gestational nodules vary from 1-3 cm in greatest dimension with an irregular haemorrhagic external surface. It is not uncommon for the nodules to rupture and produce symptoms and signs identical to a ruptured tubal pregnancy. Almost any intra-abdominal disease can be simulated by ectopic gestation (Jeffcoat 1968). Early diagnosis and prompt treatment are imperative to limit blood loss and excessive disorganisation of the abdominal viscera. It is, therefore, important to maintain a high index of suspicion in women in the reproductive age and to use a diagnostic aid which would help in making an early diagnosis.

References

1. Dehnar, L. P.: Obstet. Gynaec. 40: 525, 1972.
2. Jeffcoat, T. N. A.: Principles of Gynec. cel. 2 London, 19662, Butterworth & Co.
3. Johnson, A. G.: Brit. Med. J. 4: 96, 1968.
4. Studdiford. W. E.: Amer. J. Obstet. & Guneceol. 44: 487, 1942.

See Fig. on Art Paper IV