ADVANCED ABDOMINAL PREGNANCIES

(A Case Report)

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Abdominal pregnancy is said to be of rare occurance yet a large number of reports on abdominal pregnancies are available in literature (Beachem *et al*, 1962; Jacob and Bhargava, 1969; Khanam and Shah, 1976 and Oumachigni *et al*, 1978). A very small number of such prgnancies reach full term and only a few which reach full term deliver a normal living infant without any congenital abnormalities. Foetal mortality in abdominal pregnancies may be of the order as high as 95% (Beachem *et al*, 1962) and 50% of live births may be associated with some form of congenital malformation.

In the present communication, 2 cases of full-term abdominal pregnancy, met at M.L.B. Medical College Hospital, Jhansi (between 1972 to 1978) are being presented. One of these cases delivered a full term alive baby without any obvious congenital malformation.

Case I:

Mrs. C. aged 28 years, fourth gravida (last delivery 2 years back) was referred from village Kalagaon on 22nd November 1978 as a case of full term pregnancy with abnormal presentation. The patient was admitted in emergency ward with history of amenorrhoea of 9 months duration with abdominal discomfort for the last 4 months. In the last 2 days pain in the abdomen increased and it was accompanied with blood stained discharge in the last 24 hours. On examination, patient was moderately anaemic (Hb—9.8 gm%) with a pulse rate of 100/min and B.P. 110/80 mm. Hg. There was oedema over feet but no abnormality could be detected on examination of cardiovascular and respiratory system.

On abdominal examination a non-tender mass of 16 weeks' size was palpable in suprapubic region and the abdomen was enlarged upto 36 weeks' size but no definite uterine outline could be made out. Foetal parts were palpable and the foetal heart could be heard near the umbilicus. On vaginal examination, there was minimal bleeding per vaginum, cervix was firm, os admitting only one finger and the presenting part could not be made out. An urgent plain X-ray showed that the foetus was lying in transverse position.

A diagnosis of advanced abdominal pregnancy with transverse lie was kept in mind. Pain in the abdomen with great discomfort increased on the next day with no signs of advancement of labour. Laparotomy was performed on 24-11-78 showed thickened peritoneum and the foetus was found to be lying in the abdominal cavity within the amniotic sac covered by omentum which was badly adherent with the foetal scalp. Adhesions were removed carefully and a live baby was delivered by breech. The cord was divided and ligated, and the placenta was visualized and was found to be adherent to the intestine and omentum. Placenta alongwith some part of the omentum could be removed without much difficulty. General condition of the baby was good at the time of delivery with Apgar score 8 without any ap-

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Accepted for publication on 30-6-79.

parent congenital abnormality but it expired 6 hours after birth. The post mortem examination showed atelectasis of both lungs but all the other organs did not show any abnormality. Postoperative period was uneventful except that the abdominal wound healed slowly perhaps because of lowered resistance of the patient, and the patient could be discharged from the hospital in good general condition on 24-12-78.

Case 2

Patient B, aged 30 years, para 3 with last delivery 2 years back was admitted on 17-10-78 with history of amenorrhoea of 9 months with off and on bleeding per vaginum for the last 15 days, fever for the last 10 days and loss of foetal movements in the last 3 days. She had no history of acute pain in the abdomen. Vaginal examination was not done because she was suspected to be a case of antepartum haemorrhage due to placenta praevia.

On general examination the condition was fair, but she looked anaemic and had pyrexia (101°F). Fundal height was 34 weeks with foetus lying in transverse position. Foetal heart sounds were not audible. After admission in hospital, bleeding diminished but the pyrexia continued ranging between 102 to 104 F. Her haemoglobin was 9.8 gm%, blood film was negative for malaria parasite and Widal test was also negative. Total W.B.C. was 6800/mm with differential count of P. 63%, L 36% E 1%, M nil. Patient did not respond to antibiotics and spotting of blood per vaginum also continued.

Laparotomy was done on 25-10-78 because of transverse lie with antepartum haemorrhage. On opening the abdomen parietal peritonium was found to be thickened and the abdominal cavity was full of altered blood mixed with liquor amnii. A macerated dead foetus was lying in the abdominal cavity in transverse position, which taken out by breech. Fallopian tubes and overies were found to be congested and Uterus was of 10 weeks' size. Placenta was attached to the intestines and omentum but could be easily removed without haemorrhage. Postoperative period remained febrile for 5 days then fever subsided and patient discharged 15 days after operation in good condition.

Discussion

The diagnosis of an advanced abdominal pregnancy is most of the time missed as the condition is considered to be of rare occurrance. However, the diagnosis may not be very difficult if the condition is kept in mind. In one of our 2 cases presented in a very unusual manner with history of fever and bleeding per vaginum and thus the diagnosis of advanced abdominal pregnancy could not be thought of and could be diagnosed only on laparotomy. In the first case the diagnosis of abdominal pregnancy was suspected as the patient had given history of vague pain in abdomen and slight bleeding per vaginum, but the unusual features in this case was the absence of recurrent attacks of abdominal pain and vaginal bleeding in early pregnancy.

Hreshchyshyn *et al* (1961) had also emphasized that attempts should be made to remove the placenta at the time of operation. In an analysis of 101 of their cases, placenta had to be left in situ in 28.7% of cases. However, in our cases placenta could be separated and removed at the original laparotomy.

In the first case a normal healthy baby was born in good general condition without any apparent congenite abnormality as reported by Khanam and Shah, 1976.

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