

# ADVANCED PRIMARY ABDOMINAL PREGNANCY

## (A Case Report)

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### Introduction

Abdominal pregnancy is a rare form of ectopic pregnancy and incidence of abdominal pregnancy among all cases of ectopic pregnancy is not more than 2.5% (Masani, 1971). Clark and Bourke (1959) have quoted that the incidence of abdominal pregnancy as 1 in 1746 pregnancies.

Advanced abdominal pregnancy is still rarer. Some workers (Rajoo and Maddimsetti, 1943; Clark Bourke, 1959). Call abdominal pregnancy as advanced when pregnancy continues for more than 12 weeks and other (King, 1954) use this term for pregnancy advanced to 28 weeks or more.

Here in Mobile Hospital Camp of H.P. Medical College, Simla we came across 1 case of abdominal pregnancy. This is the second case of its kind seen in Himachal Pradesh in the last 10 years, the first case was reported by Mukherjee *et al* (1976). Considering the rarity of situation it is reported.

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### CASE REPORT

Patient S., 35 year old was admitted to Dadahu Mobile Hospital camp of H. P. Medical College Snowdon Hospital, Simla on 13-10-1978 with complaints of dull abdominal pain and a mass in the lower abdomen for the last 2½ years.

Detailed past history revealed that 2½ years back, patient had amenorrhoea for 8 months with foetal movements and all signs of pregnancy. Suddenly she developed acute abdominal pain which was followed by slight persistent, bleeding lasting for 3 months for which she was hospitalised. Patient was treated conservatively for acute abdominal pain. The size of the uterus regressed and foetal movements stopped.

After this episode menstrual cycles became regular and patient was all right but soon she developed dull aching pain and came to seek medical advice in the Mobile Hospital Camp.

On abdominal examination, a stony hard mass was felt in the suprapubic region of about 24 weeks of gestation. On vaginal examination cervix was normal. Uterus was retroverted and normal in size. A stony hard irregular mass was felt in the anterior and lateral fornices in continuation with the abdominal mass. Clinical diagnosis of ovarian tumour was made. A plain X-ray was taken. A.P. view showed a foetus lying transversely and at a higher position with positive Spalding sign, while in the lateral view it was lying behind the spine (Fig. 1).

A uterine sound was then passed under general anaesthesia and uterus was found to be of normal size.

On the basis of above X-ray findings diagnosis of abdominal Pregnancy was entertained.

Laparotomy was done. On opening the abdomen a hard irregular mass was seen. Uterus was pushed backward and was normal. There were few flimsy adhesions of the omentum and pelvic colon to the mass. The adhesions were separated and the whole mass was removed and a total hysterectomy along with bilateral salpingo-oophorectomy was performed.

The cut surface of the mass revealed a mummified foetus of about 28-32 weeks of gestation. The umbilical cord was seen but the placenta could not be made out. Rest of the pelvis was normal. Postoperative period was uneventful and stitches were removed on the 7th day.

#### Pathological Findings

Specimen consisted of uterus, cervix and bilateral adenexa along with huge stony hard mass which was already cut. On further cutting open, parts of mummified foetus were revealed enclosed in a thick walled sac (Photograph II).

#### Discussion

A stony hard mass of 24 weeks of gestation was felt in the suprapubic

region which on vaginal examination was separate from the uterus. It was thought to be an ovarian tumour. Suspicion of abdominal pregnancy arose only after radiological investigations.

After completing 8 months of amenorrhea, it appears that patient went into spurious labour. She probably had massive intraabdominal haemorrhage due to separation of placenta and went into shock for which she was hospitalised.

#### Summary

1. A case of advanced abdominal pregnancy most probably primary is reported.
2. The foetus had been in the abdomen for 2½ years before it was detected.
3. The foetus turned into an encysted lithopedion.

#### References

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3. Mukherjee, S. and Mukherjee, S. N.: *J. Obstet. Gynec. Ind.* 26: 442, 1976.

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*See Figs. on Art Paper X*