

ADVANCED EXTRA-UTERINE PREGNANCY

(Three Case Reports)

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Advanced abdominal pregnancy is rarely seen now-a-days, because of early surgical treatment of ectopic pregnancy. Only isolated cases of this hazardous complication are reported in medical literature (Sarin and Jain, 1978).

Advanced abdominal pregnancy is one of the most interesting but dreadful complication of pregnancy, both to the mother and the baby. Advanced intraligamentary pregnancy is very rare and a few cases have been reported with the rupture of the tube at its attachment to broad ligament, the ovum usually dies with formation of a varying size of broad ligament haematoma.

CASE REPORT 1

Mrs. B.D. aged 22 years, was admitted in J.L.N. Hospital, Ajmer on 18th October 1979, with amenorrhoea of 6 months, pain abdomen and vaginal bleeding and cessation of foetal movement for 34 hours. No history of acute pain in the abdomen in early pregnancy could be elicited.

M.H.: Menarche was at 16 years, previous menstrual cycles were regular and L.M.P. was about 6 months back.

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O.H.: She had one F.T.N.D. 4 years back, and 2 abortions of 6 months and 3 months.

General Examination: She was moderately anaemic, pulse 100/minute, B.P. 130/90 mm of Hg.

Systemic examination: No abnormality detected.

Investigations: Hb 6.8 mgms%, TLC 9800/cumm, Polys 78%, lymphos 22%, bleeding time and the clotting time were normal. Blood group B + ve. Urine = NAD.

Abdominal examination: The abdomen was distended. The contour of the uterus could not be made out properly and was not acting. The foetal parts were superficial and well above the umbilicus. F.H.S. was absent.

Vaginal examination: The cervix was 2 fingers dilated partially taken up, uterus about 16 weeks gestational size and was empty, slight bleeding through os was present.

Provisional diagnosis of secondary abdominal pregnancy was made and laparotomy decided.

Operative notes:

Laparotomy was done on the same day under G.A. On opening the abdomen foetal sac came into view. The dead foetus was lying free in the abdominal cavity with the sac.

There was no free blood in the peritoneal cavity. Uterus was 16 weeks gestational size, both tubes and ovaries were normal. There was an old transverse tear about 2" long at the fundus and left cornu of the uterus. Part of the placenta was attached to a small portion of the rent, while the remaining portion of the tear was covered with the granulation tissue.

The placenta was separated easily and the tear was stitched after freshening the edges. Abdomen closed after haemostasis. Two units

of blood given during and after operation. The post operative period was uneventful (Wt of baby 3 lbs, fresh S.B.) Patient was discharged fit.

CASE 2:

Mrs. Z., aged 35 years was admitted in J.L.N. Hospital, Ajmer on 23rd October, 79 with amenorrhoea of 5 months, loss of foetal movements and loose motions for 15 days and severe pain in the abdomen since morning.

M.H.: Her previous menstrual cycles were regular. L.M.P. was about 5 months back.

O.H.: She had 1 F.T.N.D. 2 years back.

G.E.: Patient was moderately anaemic, pulse = 98/mt, B. P. = 120/80 mm of Hg.

Systemic examination: No abnormality detected.

Investigations:

Hb. 7.8%, TLC 11000/cumm, polys 80%, lymphos = 20%, blood Group B+ve. Bleeding and clotting time were normal. Urine was NAD. X-ray (Fig. 1) showed foetus lying in transverse position with signs of foetal death.

Abdominal Examination:

Abdomen was distended and rigid uterine contour was not made out properly. There was an irregular, fixed, hard tender mass in hypogastric region of about 22 weeks gestational size.

Vaginal examination: Cervix was pushed up behind the symphysis pubis. Uterus was anteverted anteflexed and was of parous size. There was an irregular fixed, hard, tender mass in the pelvis more in the posterior pouch.

Provisional diagnosis was extra-uterine pregnancy and laparotomy decided. On the same day laparotomy was done under G.A. There was old collected blood in the peritoneal cavity. The uterus was pushed to the right side by a big mass on left side in the broad ligament to which the omentum was badly adherent which was separated. Part of the placenta was seen eroding through a rent in the posterior leaf of the broad ligament. A macerated 6 months' foetus along with cord was removed through the same rent. The sac and the placenta could not

be removed because of dense adhesions. Abdomen was closed after haemostasis. Two units of blood given during and after operation. Post-operative period was uneventful but the patient absconded on 12th post operative day.

CASE 3:

Mrs. U. B. aged 34 years was admitted in mobile Hospital Camp, Jawaja, attached to the J.L.N. Medical College, Ajmer on 20th November 1979 with amenorrhoea of 4 months, Pain in abdomen and vaginal bleeding off and on for the last 4 months.

M.H.: Age of menarche 13 years, previous menstrual cycles were regular, L.M.P. bleeding per vaginum off and on for 4 months.

O.H.: 3rd gravida, 2 FTND, last delivery 4 years back.

General examination: Patient was moderately anaemic. Pulse 108/minute, B.P. 110/80 mm of Hg.

Systemic examination revealed no abnormality.

Investigations: Hb 8 gm%, Urine = NAD.

Abdominal examination: Uterus was just palpable suprapubically.

Vaginal Examination: The cervix was pushed up behind the symphysis pubis, uterus anteverted and was of normal size. There was an irregular, vague, hard, tender mass felt in the pelvis more in the pouch of Douglas, provisional diag. of extra-uterine pregnancy was made and patient kept for needling and laparotomy.

Operative notes: Vaginal examination and needling was done under anaesthesia on 26th November 1979, which was positive.

On opening the abdomen the old collected blood was found in the peritoneal cavity, the omentum was adherent to the mass lying posterior to the uterus. The uterus was of normal size. The fallopian tubes could not be visualized because of adhesions. There was a rent anteriorly in the right broad ligament through which macerated foetus about 16 weeks' gestational size with old blood clots was removed. Placenta could not be removed as it was densely adherent. Abdomen closed after proper haemostasis. Post-operative period was uneventful and she was discharged on 15th post operative day.

See Fig. on Art Paper III