COMBINED EXTRA AND INTRA-UTERINE PREGNANCY WITH INTESTINAL OBSTRUCTION OCCURRING IN THE 3RD TRIMESTER

(A Case Report)

by

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Combined intra and extrauterine pregnancy is a rare phenomena of twining and intestinal obstruction during pregnancy in the same case is a rarity which has not yet been reported.

CASE REPORT

Mrs. S.G., Age 28 years was admitted as an emergency on 10th February 1979. She had pain in the abdomen for the past 10 days, the onset of which was not acute. She complained of fullness and nausea with vomiting for the first few days. Her last menstrual period was on 10th December 1978. There was no history of vaginal bleeding. Obstetrical history: Two F.T.N.D.

Heart and Lungs N.A.D., Pulse 80 P.M., V & T low, B.P., 90/60 mm.Hg., Pallor +++No oedema, Liver and spleen, not palpable. Tenderness all over with guarding specially in right iliac fossa, shifting dullness was +ve.

Pelvic Examination: Os closed, uterus A/V, bulky, fullness in all the fornices, right fornix tender, acute pain on movement of cervix to the right side. There was no bleeding.

Tubal abortion was diagnosed and laparotomy was performed within an hour of admission. Peritoneal cavity was full of blood. There was continuous oozing of blood from a distended ampullary portion of right fallopian tube. Right salpingectomy was done. Peritoneal cavity was cleared of collected blood. Left tube was nor-

mal, uterus was found bulkier for the period of tubal pregnancy. One thousand cc. of blood were transfused. Patient had an uneventful recovery. Absence of vaginal bleeding even after the operation, presence of bulky uterus corresponding to the period of amenorrhoea aroused the suspicion of simultaneous intrauterine pregnancy.

She was asked to report after 10 days when on examination uterus was 10 weeks size and pregnancy was confirmed by urine immunological test. Patient was regularly seen at monthly intervals.

Patient was seen on 3rd June 1979 on complaint of upper abdominal pain and vomiting for the last 2 days and was admitted for observation. She had distension of abdomen and tender right upper flank. Uterus was 24 weeks, not tender, foetal movements were present. There was no vaginal bleeding and os was closed.

Intestinal obstruction was suspected and confirmed by multiple fluid levels on plan X-ray in standing position. She was put on conservative treatment to which she responded well and was discharged on 10th June instructions to report every week.

Patient came back with the same complaints after 5 days and was again admitted on 15th June. There was no response to conservative treatment. Distension and tenderness in right upper flank increased and an emergency exploratory laparotomy was performed on 18th June 1979. Extensive adhesions with a volvulus of distal ileum was present. The loop showed patches of gangrene. Resection of the loop about 10" long was done and an end to end

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anastomosis performed. Postoperative recovery was fairly smooth. Prophylactic injection of Duvadilan was given for 2 days. She was discharged on 12th post-operative day. Mild pain in abdomen continued for nearly two months and subsided on its own.

Patient was admitted with labour pains on 18-9-1979 and had an uneventful normal full-term delivery. A female child 3 kg. in weight was born and cried immediately at birth. Mother and child were discharged on 10th day after a smooth post-natal period. Both were seen after a month in good condition.

Summary

One case of combined intra-uterine and ectopic pregnancy is reported. The ectopic pregnancy was dealt with first. Right tubal abortion was found and right salpingectomy was performed. Intra-uterine pregnancy was suspected and confirmed post operatively by urine test.

The same case had intestinal obstruction in the early third trimester. At laparotomy extensive adhesions with volvulus of distal ileum showing patches of gangrene was found. Resection of the loop of terminal ileum and end to end anastomosis was done. The patient had an uneventful recovery and subsequently had a normal vaginal delivery at 40 weeks of pregnancy. There was no maternal or foetal mortality.

The incidence, problem in diagnosis, pathogenesis and prognosis in both the cases is discussed.

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