

UNUSUAL PRESENTATION OF A BROAD LIGAMENT PREGNANCY

(A Case Report)

by

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Introduction

The present case is worth reporting because of the advanced broad ligament pregnancy of term with alive baby and she presented herself as acute appendicitis complicating pregnancy.

CASE REPORT

Mrs. V., a IV Gravida, aged 35 years, was admitted on 9-12-79 in our hospital (Thanjavur Raja Mirasdar Hospital) with history of nine months amenorrhoea and complaints of lower abdominal pain and vomiting for one day.

Menstrual History

Attained menarche at 15th year. Her cycles were regular of 30 days with 3 days flow and painless. L.M.P. was on 12-3-79.

Patient had 3 full term natural deliveries. Patient was attending antenatal O.P. regularly where she was treated for threatened abortion at second month of this pregnancy, and for urinary infection at the third month of pregnancy. Post history of peptic ulcer was present.

Abdominal examination revealed 34 weeks pregnancy, uterus not acting, lower pole was empty. FH was heard at the umbilical level. Fetal head was not palpated because of tender-

ness in the lower abdomen. Tenderness in right iliac and right lumbar regions was present. A vague ill defined mass was felt in the right lumbar region. Muscle guarding was present.

On vaginal examination, cervix was revealed uneffaced and undilated. Presentation could not be made out as there was severe pain the right and anterior fornices.

A provisional diagnosis of pregnancy with appendicitis was made. A surgical opinion was obtained and confirmed as pregnancy with appendicular mass. She was on conservative line of management for 2 days. As the pain and mass was not subsiding with this treatment, an emergency laparotomy was decided.

On laparotomy the greater omentum was covering the pregnancy sac and adherant to the bladder peritoneum. Omentum was separated. On separation of the Omentum, there was a thin sac with the fetus inside seen. Large blood vessels were covering the sac anteriorly. Round ligament on the right side was thick and running below the sac. The sac was opened. Placenta was attached in the sac antero-inferiorly. A live female, 2.1 kg, apparently normal baby was extracted. Cord was ligated and cut. On exploration, the sac was extending into the right broad ligament. Placenta could not be removed entirely. The sac was dissected by releasing the posterior peritoneal layer of broad ligament. The ileum, caecum were adherent to the sac antero-laterally. Appendix was normal. The right tube was stretched over the sac and thinned out. The cornual end was ligated and cut. The right ovary was not visualised separately. The ovarian ligament was ligated and cut. The sac was excised with placenta inside. On further exploration, the uterus was found separately and enlarged to 12 week size. After complete haemostasis the dead space in the

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broad ligament was closed. Abdomen closed in layers with drainage tube in the right broad ligament space. (Fig. 1) Post-operative period was uneventful. The baby died after 36 hours due to asphyxia.

Summary

One interesting case of Advanced Broad Ligament Pregnancy presented with unusual symptom which had difficulty in diagnosing it. A case of abdominal pregnancy or broad ligament pregnancy can be diagnosed only, if one keeps

it in mind when he or she encountered an abnormal finding during clinical examinations. Previous literature has been reviewed.

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See Fig. on Art Paper IV.