TWO SUCCESSIVE SECONDARY ABDOMINAL PREGNANCIES

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Abdominal pregnancy is fortunately a rare but one of the grave complications in obstetrics. Its proper diagnosis and management test the diagnostic proficiency of the obstetrician. Advanced abdominal pregnancy is a rare form of ectopic pregnancy and its recurrence in the same patient is extremely rare. Very few cases of recurrent abdominal pregnancy have been reported in the world literature. One such case where the abdominal pregnancy recurred twice in succession with a live, healthy baby each time was met with in our hospital and is reported.

CASE REPORT:

A patient G.S.K. aged 26 years was admitted to the hospital on 9th July 1977 at 10.00 A.M. as an emergency case. Her L.M.P. was 19th September 1976. Hence she was two weeks postmature. She complained of labour pains since 2.00 A.M. on the same day accompanied by mucoid vaginal discharge.

She gave history of periodic vaginal bleeding every month for the first 4 months. She also gave history of attacks of lower abdominal pain and fainting in the first 3 months.

Her obstetric history revealed that she was married for 11 years and had 3 spontaneous abortions of 4 to 5 months each. Her past menstual histoy was regular.

On admission the patient's general condition was found to be good.

On abdominal examination, the uterine contour was not well defined, the head could be felt in the suprapubic region, but other foetal parts were not well felt. It was difficult to hear the foetal heart sounds but there were excessive foetal movements. There was a firm, oblong mass felt in the left iliac fossa, which could not to be separated from the foetal sac.

On vaginal examination the cervix was felt high up in the left fornix, it was closed and rather firm. The head was felt in the right fornix. A provisional diagnosis of secondary abdominal pregnancy was made, as the patient wsa getting strong (false) pains and it was difficult to get the foetal heart sounds, no further investigations to confirm the abdominal pregnancy could be carried out. The patient was taken up for operation immediately. Her Hb was 10.5 gms% and urine did not reveal any abnormality.

On opening the abdominal cavity, the uterus was seen in the left iliac fossa, it was enlarged to about 10 weeks' size and it was on the left side of the lower part of the foetal sac. The placenta was anterior and was adherent to the mesentery and small intestines. The foetal sac could be opened easily at the upper pole on the left side and healthy female child weighing 3 kgs. was delivered by breech. The baby cried immediately. The liquor was meconium stained and the quantity was much less than that found in normal pregnancy.

The placenta was separated with great effort from the mesentery and the small intestines. The bleeding was not excessive. The patient was given two pints of blood during the operation. Post operatively she was running fever upto 101°F and had developed a localised intraperitoneal abscess which pointed anteriorly and was drained abdominally two weeks after the first operation. Following this, the patient progressed well and was discharged home after a total hospital stay of 25 days. The baby was also healthy at the time of discharge.

After the first delivery the patient had gone

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to her native place and conceived after about 2 years. She wanted to deliver at native place but came back to Bombay at almost term on the advice of her obstetrician there.

She was again admitted on 8th July 1979 at 7.30 P.M. as an emergency case. Her L.M.P. was 5th October 1978. This time her antenatal period was without any complaint. She complained of intermittent abdominal pains. A plain X-Ray of abdomen, taken at her native place showed oblique breech with head in the left hypochondrial region (Fig. 1). On admission her general condition was found to be good.

On abdominal examination the uterine contour could not be made out, the head was in the letft hypochondrial region, the presenting part was breech and was high up in right iliac fossa. There was a firm mass projecting in the midline above the symphysis pubis. On vaginal examination the cervix was soft, closed and was in the normal position The presenting part was very high and difficult to feel. The foetal heart rate was varying betweetn 170 to 180 per minute and was irregular. In view of foetal distress, breech presentation and previous history, it was decided to do an abdominal operation. A provisional diagnosis of secondary abdominal pregnancy was made. Her Hb was 11.2 gms.% and urine examination was normal.

On opening the abdomen, the uterus was seen in the midline anteriory and was about 12 weeks' size (it was felt as a firm projection on abdominal palpation). This time the foetal sac was more on the left side and the placenta was posterior. The whole sac was brought out of the abdomen, a small nick was made in the membrane over the head in the upper and left part of the sac and a female baby was delivered by head. The liquor was again scanty and meconium stained. The baby weighed 2 kg. 400 gms. and cried immediately.

The placenta was spread out over a wide area, was thinned out and was adherent to the intestines and left broad ligament. It could be separated with great effort. The left tube and the left ovary were excised, as the placenta was densely adherent to them The blood loss was not excessive. The patient was given only one blood transfusion during the operation.

Post operatively the patient made an uneventful recovery and was discharged home on tenth post operative day.

Discussion and Comments

According to Clarke and Bourke (1959) and Purshotam (1964) an abdominal pregnancy is advanced when the gestation age is more than 12 weeks, Yahia and Montgomery (1956) when the gestation is 20 weeks and King (1954) when pregnany is 28 weeks. In this case the patient was 2 weeks postmature in the first pregnancy and almost at term in the second pregnancy.

Very high position of the foetus or malpresentation, especially transverse lie and the long, firm, uneffaced and displaced cervix, not like a pregnant cervix should arouse the suspicion of abdominal pregnancy. The palpation of the uterus separate from the gestation sac, the superficially felt foetal parts and the unusually clear or completely absent foetal heart sounds are important findings.

In this case the foetal lie was longitudinal in the first pregnancy with vertex presenting high at the brim, but there was an oblique lie in the second pregnancy. The cervix was very high and displaced to the left in the first pregnancy but in normal position in the second pregnancy.

Majority of authors advocate immediate laparotomy, irrespective of the period of gestation because of the risk of rupture of gestation sac or premature separation of the placenta leading to intraperitoneal haemorrhage resulting in maternal death.

There is a controversy regarding the management of the placenta. In an analysis of 101 cases by Hreshchyshyn *et al* (1961), the placenta was removed completely in 64.4 per cent, partially in 6.9 per cent and left in situ in 28.7 per cent. If the placenta is not removed the postoperative period is stormy due to complications like secondary bleeding from placental separation, formation of intra-abdominal abscess or intestinal obstruc-

tion. In this case the placenta was removed completely both the times without any alarming bleeding.

The possibility of obtaining a living baby is extremely small. So far in the Indian literature, only 21 living babies have been recorded, out of which 11 died in the neonatal period. The perinatal mortality is very high due to prematurity and congenital abnormalities of the foetus and prolonged placental insufficiency. In this case both the babies are living and well with good physical and mental development.

Summary

An interesting case of two successive secondary abdominal pregnancies occurring in a single patient within a period of two years with good maternal and foetal recovery is reported. Not such a single case is reported in the literature. The diagnosis and management are discussed with a review of the literature.

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See Figs. on Art Paper I