

ADVANCED INTRALIGAMENTARY PREGNANCY ENDING IN A LIVE FOETUS

(A Case Report)

by

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Advanced intraligamentary pregnancy is almost never diagnosed clinically. Its rarity is evidenced by the fact that till 1975, about 130 cases were reported in the world literature (Peterson *et al*, 1975). Subsequently, three cases have been reported in Indian literature till date (Sarin *et al*, 1978; Gulati *et al*, 1979). In majority of the cases reported, the foetus was dead. This case is reported both for its rarity and a live foetus resulting from it at term.

Sm. R. K., 30 years, P 1+ 0, was admitted on 29-9-80 for pain, distension of abdomen and blood stained vaginal discharge of 1 month duration following 4 months amenorrhoea. Her last menstrual period had occurred in last week of April 1980. Few days before coming here she was admitted to a local hospital in a state of shock and was treated with antibiotics, fluid, blood transfusion etc. A curettage was also performed. As she did not improve she was brought to this hospital.

She had her first child 16 years back and was investigated for secondary infertility in our unit in January 1980. H.S.G. showed a hydrosalpinx on right side and there was doubtful spilling through the left tube (Fig. 1).

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She was advised to come for operative treatment. She was not seen till her admission now.

On admission, she was moderately anaemic, her pulse was 110/min., BP 90/60 mm Hg., Temperature 99 F. Her abdomen was distended, rigid and tender and there was an illdefined mass in lower abdomen more to the left. Pelvic examination revealed the cervix to be soft, the uterus enlarged irregularly more to left side with a soft elongated tortuous mass stretched over it. There was pulsation in all the fornices. A chronic ruptured ectopic pregnancy was diagnosed and she was started with antibiotics and sedatives. Blood transfusion was arranged. Her condition improved and during a repeat pelvic examination a foetal kick was felt in the anterior fornix. Foetal heart sounds could be heard with a doppler. So she was kept under observation, with a diagnosis of secondary abdominal pregnancy.

At the time of admission, her Hb was 9 gms%, TLC 18,000/cmm with a diff. count N-60%, L-30%, E-10%, VDRL -nonreactive; Blood group B positive, Sickling-negative. After 4 weeks of stay, a well defined globular mass of 28 weeks size was noted. She could feel foetal movements by 14-11-80. The height of the mass gradually increased from 11 cms above symphysis to 22 cms at laparotomy, on 19-1-81. Straight and lateral X-ray revealed foetal shadow and secondary abdominal pregnancy was diagnosed (Fig. 2). On 23-12-80, she developed jaundice due to infective hepatitis and was treated.

On completion of 38 weeks, laparotomy was done on 19-1-81. On opening the abdomen, the uterus was enlarged to about 16 weeks. An

exterior surface of intraductary pregnancy was present on the left side. The sac was opened behind the round ligament and placenta was unencapsulated. It was cut through and a few female testes extracted by break from the sac. Most of the placenta could be removed in pieces, the rest being removed piecemeal with ligation of the bleeding points. Meticulous haemostasis was observed. Major part of the sac was removed, the rest was left open. The right side showed haemostasis and was left as such. Abdomen was closed in layers.

The female baby weighed 1.8 kg. She had multiple congenital anomalies of a minor nature like talipes equinovarus, high arched palate and a short webbed neck. There was compression on the occipitofrontal diameter. (Fig. 7).

From the 10th postoperative day she started with symptoms of constipation type and an abdominal mass of 28 weeks size could be felt. Colostomy was done on the 15th postoperative day and about 2 litres of dirty coloured fluid was drained. Further drainage was helped by a corrugated tube. There was an abdominal sinus which gradually healed. She was

discharged on 4-3-53, on the third post-operative day.

She was followed up on 20-4-53. The incision by left iliac fossa and left breast were reduced to a mere scar line. The abdominal wound had healed well. The baby weighed 3 kg.

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See Figs. on Art. Paper II