

## SECONDARY ABDOMINAL PREGNANCY

### (A Case Report)

by

ARUNA TIWARI,\* M.D.

and

M. KOCHHAR,\*\* D.G.O., F.R.C.O.G., F.R.C.S.

Lithopaedion formation is uncommon. A case of secondary abdominal pregnancy with formation of lithopaedion is reported.

#### Case Report

Mrs. S., aged 30 years and married for 10 years, attended the outpatient department of Kasturba Hospital on 28th February, 1980 for investigations and treatment of infertility. Her previous menstrual cycles were regular except for a period of 6 months amenorrhoea 5 years back, after which she had vaginal bleeding for 2 days. At that time she felt giddy and was unconscious for a short period. She was treated in different hospitals for infertility but she failed to conceive.

On examination, the patient was thin built, average height and she was not anaemic. Her pulse rate was 84 per minute and blood pressure was 130/90 mm. of Hg. Examination of respiratory and cardiovascular systems revealed no abnormality. Examination of abdomen was normal.

Vaginal examination revealed uterus to be of normal size. A hard irregular mass about 5 cm. x 5 cm. was felt in the anterior and left fornices. The mass was situated above the

uterus and was separate from it. The outlines of the mass could be defined clearly. Keeping in mind the possibilities of bladder calculus or a calcified fibroid, X-ray abdomen was done which revealed a foetus lying in the pelvis (Fig. 1).

On 6th March, 1980 laparotomy was done. On opening the abdomen a hard mass about 5 cms x 5 cm., adherent to left cornu of the uterus was seen. There was no free blood in the peritoneal cavity. Gut and omentum were adherent to the mass. This mass (the lithopaedion, Fig. 2) was removed after dissection. During separation of adhesion the skull was perforated and yellowish material came out. Left tube was convoluted and incorporated into the mass. It was separated by breaking the adhesions. Left ovary looked normal. The uterus right tube and ovary were also normal looking. The skull of the foetus was about 5 cm. x 5 cm. and rest of the bones of the body i.e. the thorax and extremities were clearly seen. Placenta and cord were not found. They were probably autolysed. Advancement of bladder was done and abdomen was closed in layers. Postoperatively the patient was given Inj. Cambiotic and discharged on eighth day.

#### Summary

A rare case of tubal abortion leading to lithopaedion formation in a patient where pregnancy had occurred 5 years back, is reported.

\* Medical Officer.

\*\* Head of the Deptt. of Gynaecology and Obstetrics and Medical Superintendent, Kasturba Hospital, New Delhi-110 002.

Accepted for publication on 14-8-81.

See Figs. on Art Paper III