# ABDOMINAL PREGNANCY AFTER M.T.P.

by

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Abdominal pregnancy is a rare variety of ectopic pregnancy. Much rarer is the secondary abdominal pregnancy following M.T.P. Since medical termination of pregnancy is now commonly practised all over, rise in the incidence of abdominal pregnancy can be anticipated. We came across 4 cases of abdominal pregnancy in the department of Obstetrics and Gynaecology, Bhagalpur Medical College Hospital, in a period of 5 years (1975-1979). Surprisingly 2 out of these 4 cases were secondary to M.T.P. done by some paramedical persons in the villages. The total number of deliveries in 5 years time in the Hospital was 15,115, thus the incidence of abdominal pregnancy is 1 in 3778.7 cases. According to Beacham *et al* (1962) the incidence is 1 in 3373. A case of secondary abdominal pregnancy with live foetus following M.T.P. is reported here, due to its rarity and difficulties in diagnosis.

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## CASE REPORT

Mrs. J. D. aged 38 years, para 5 + 2 was admitted on 30th August 1979 with features of shock. She had amenorrhoea of 4 months, pain in abdomen and vomiting. Her previous menstrual cycles were normal, she had 5 term deliveries and 2 abortions. Her past history revealed M.T.P. done at the village 2 months earlier i.e. when she was pregnant by 8 weeks. She continued to have intermittent vaginal bleeding for which D & C was done after 4 weeks of M.T.P. No product of conception could be recovered.

Her general condition was not satisfactory, pulse was 120/minute, B.P. 90/60 mm of Hg and there was marked pallor. The chest was clear. On abdominal examination there was marked distension and tenderness in all the quadrants. There was a soft, irregular lump, size of 12-13 weeks pregnancy situated on the left side of the abdomen. Vaginal examination revealed the lump to be separated from the uterus occupying the left fornix. Excitation pain was not present. Resuscitative measures were taken. The haemoglobin was 6.5 gm%. Urinalysis was within normal limits. A total of 10 units of blood was transfused at the interval of 2-3 days. The general condition improved and thus it was decided to do laparatomy for persistant abominal lump and pain. A plain X-ray of abdomen was taken but there was no abnormality. The patient did not agree for laparatomy and she left the hospital against medical advice.

She was readmitted on 29th of October 1979 i.e. nearly 2 months after the initial admission. This time also the general condition was very low and she suffered from distension and acute pain in the abdomen. There was an abdominal lump size of 22 weeks pregnancy situated more

on the left side, tender and had restricted mobility. Foetal parts were ballotable. The uterus was found to be separate from the lump which was well appreciated by bimanual examination. The foetal heart sounds were faintly audible. A diagnosis of secondary abdominal pregnancy was made and laparotomy was performed after the general condition improved. X-ray of abdomen did not cast any foetal shadow probably due to faulty radiological technique.

On laparotomy, foetus was found to be lying in the peritoneal cavity enclosed in amniotic sac. The sac was adherent to the omentum and broad ligament. The placenta was attached to the left cornua of the uterus where a small rent could be seen. The uterus was 12 weeks in size. The right sided fallopian tube and ovary were normal. The left fallopian tube and ovary were adherent to the lump.

The foetus was taken out in live condition but died after 24 hours. Total hyterectomy with left sided salpingo-oophorectomy was done (vide fig. 4). Omental adhesions were taken care of. The placenta was easily separated.

*Discussion*

In the present case progressive anaemia was due to vascular separation of the placenta and the distension was due to omental adhesions. The uterus was perforated at the left cornua while performing M.T.P. and through this hole the foetus and placenta escaped into the peritoneal cavity. In the peritoneal cavity the foetus could grow in the amniotic sac due to the establishment of vascular connections of the placenta to the broad ligament and left cornua of the uterus.

*Summary*

A case of secondary abdominal pregnancy after M.T.P. has been reported. The foetus and placenta had escaped into the peritoneal cavity where due to placental attachment to the broad ligament the foetus continued to grow.

*Rejerences*

1. Beacham, W. D., Hernquist, W. C. Beacham, D. W. and Webster, H. D.: Am. J. Obstet. Gynec. 84: 1257, 1962.

*See Figs. on Art Paper I*