

ADVANCED ABDOMINAL PREGNANCY WITH LIVE FOETUS

(A Case Report)

by

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Introduction

Advanced extra-uterine pregnancy with live foetus is a rare entity.

CASE REPORT

Mrs. S. B., aged 30 years, fourth gravida last delivery 2½ years back was admitted on 26-5-83 at 6.30 p.m. with amenorrhoea 9 months, severe pain and distension of the abdomen and blood stained vaginal discharge for last 5 days.

The patient was extremely ill anaemic and dehydrated. Her pulse 110/min, B.P. 110/64 mm of Hg. and temp. 38.9 C. Hb. 8.5 Gm% Urine NAD.

Abdomen was tense, extremely tender and distended. Height of the uterus and foetal parts were not easily felt because of distension and tenderness except the head which was felt superficially just above the symphysis pubic.

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F.H.S. was 180/m regular and clear.

Os was closed, cervix, long and presenting part could not be felt.

A provisional diagnosis of incomplete rupture of the uterus was made and immediate laparotomy was decided. Prior to laparotomy the patient was resuscitated by I.V. dextrose saline drip, ryles tube aspiration, I.M. Terramycin, I.V. Metrogyl.

On opening the abdomen there was blood in the peritoneal cavity and an intact foetal sac was found immediately behind the incision. The sac was incised and an asphyxiated male baby was delivered. On exploration of the peritoneal cavity one third of the placenta was found to be adherent to the omentum and the rest was devoid of any attachment. The uterus was 14 weeks size lying posteriorly. The right tube was oedematous and congested. Placenta was removed by clamping, cutting and ligating the omentum and the sac was easily stripped off from its attachments. She was discharged on 23rd post-operative day.

The baby was asphyxiated at birth with apgar score 5, revived after resuscitation and no congenital abnormality was detected. The baby died eight hours after birth.