

RECURRENT ABDOMINAL PREGNANCY

(A Case Report)

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Introduction

Advanced secondary abdominal pregnancy is rare. Much rarer is the recurrence of advanced secondary abdominal pregnancy hence, the case is being reported here.

Case Report

Mrs. D.R. age 28 gravida 2 Para I was admitted for amenorrhoea of 11 months, pain in abdomen and vomiting off and on and loss of foetal movement since 15 days. Her previous menstrual cycles were normal. Regarding her obstetric history she was married 14 years back. First FTND male 13 years back home delivery died after 3 weeks.

Abdomen was markedly distended and tense through which foetal parts could be felt with difficulty. There were no uterine contractions felt and foetal heart was absent. On speculum examination anterior lip of cervix could be seen, pulled up behind the pubic symphysis. P/V: Cervix was unaffected and undilated and pulled up behind pubic symphysis. Head was felt in pouch of Douglas. The uterus which was of normal size deviated to right and felt separate from the head. After improving her general condition laparotomy was done. Uterus was of normal size deviated to left. Tube and ovary on both sides were normal. Sac was opened by longitudinal incision and fullterm macerat-

ed male child was delivered. Cord was cut and ligated close to the placental attachment and placenta was left behind. The sac was closed and abdomen closed. Postoperative period was uneventful. When she was discharged on 14th day there was a mass palpable about 14-16 weeks pregnant size. She was asked to come for review but she did not turn up till after 2 years and 9 months of the first admission for amenorrhoea of 8 months, pain in abdomen off and on, loss of foetal movements since 8 days and blood stained vaginal discharge. No History of severe pain in abdomen and fainting in early months of pregnancy but she was sure that the pregnancy was not normal. Her previous menstrual cycles were normal. She was gravida III Para II. First FTND 16 years back, 2nd advanced secondary abdominal pregnancy 3 years back.

A mass was felt arising from pelvis of about 28 weeks firm in consistency, fixed, through which foetal parts could be felt with difficulty. There were no uterine contractions and foetal heart was absent. Cervix was unaffected undilated, pulled behind symphysis pubis. Uterus bulky deviated to right side and separate from the mass. Foetal bones felt in the left fornix and pouch of Douglas. Plain X-ray, reviewed foetus in transverse position with signs of foetal death but was not very conclusive of extra-uterine pregnancy. Her ultrasonography was done which also could not demonstrate presence of advanced secondary abdominal pregnancy.

Laparotomy was done. Uterus was bulky deviated to right side and pregnancy sac was

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