

CERVICAL PREGNANCY

(A Case Report)

by

VEDAWATI PRASAD

and

R. N. JHA

Introduction

Ectopic pregnancy is always a topic of interest to the gynaecologist. Tubal pregnancy is by far the most common form of ectopic gestation whereas cervical pregnancy is a rare occurrence.

CASE REPORT

Mrs. P. D., 25 years Hindu female came to the hospital with history of vaginal bleeding since 20 days following amenorrhoea of 3 months. She was third gravida. Her previous two term deliveries at home were normal.

At present she was bleeding per vaginum since 20 days. On admission her pulse was 98 per minute. Her blood pressure was 110/68 m.m. of Hg and she was markedly pale, Hb% was 7 gm. Cardiovascular and Respiratory system were clinically normal.

*From: Department of Obstetrics & Gynaecology, Bhaglapur Medical College and Hospital.
Accepted for publication on 16-2-84.*

On abdominal examination there was a supra pubic lump of 14 weeks size. On pelvic examination her bleeding was marked and there was boggy feeling all around the cervix and uterus was sitting on the top of it; some irregularity was felt in the anterior fornix. A provisional diagnosis of cervical fibroid was made and laparotomy was planned after two bottles of blood transfusion. Laparotomy was done on 18 Feb. 83. On reaching the abdominal cavity, it was found to be a definite cervical lump with uterus sitting on the top of it, but consistency of the cervical lump was not at all that of a fibromyoma. Before line of incision was decided, there was injury in the cervix anteriorly while bladder was being separated. With this injury liquor started coming out.. along with placental tissue, making the diagnosis clear. A small foetus with placental tissue were taken out by extending the incision transversely. It was stitched in two layers. Abdomen was closed. Blood transfusion were required during operation and in the post-operative period. Otherwise post-operative period was uneventful. She was discharged on the ninth post-operative day.