

# ADVANCED EXTRAUTERINE PREGNANCY WITH PASSAGE OF BONES PER URETHRA

## (A Case Report)

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### *Introduction*

Advanced abdominal pregnancy is rare and the occurrence of such a pregnancy with rupture of bladder and bowel with discharge of foetal bones per urethra is still rarer. One such case is reported here.

### **Case Report**

Mrs. K.M.B., aged 16 years, married for 1 year was admitted for passage of small bones per urethra off and on and burning in micturition for last one month. There was history of 7 months amenorrhoea, gradual abdominal enlargement and foetal movements followed by vaginal spotting and intermittent abdominal pain lasting for 8 days. There was loss of foetal movements and gradual diminution of her abdomen till she noticed the passage of bones per urethra. Surprisingly there was no haematuria or any acute pain associated with this symptoms.

There was a mass palpable upto 8 cm above the symphysis pubis extending more towards

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right iliac fossa which was firm to hard in consistency. It was tender with uneven surface. On bimanual examination uterus was found to be of normal size, deviated to right side and adherent to the abdominal lump.

Bones brought by the patient were examined and found to be foetal bones. X-ray of abdomen and pelvis revealed few long bones simulating foetal ribs.

On exploration the uterus was of normal size with normal left ovary and tube. The right side tube and ovary were adherent to the mass. On its superior anterior aspect there were firm adhesions and the bladder was adherent to the mass on its inferior posterior aspect. The mass was consisting of foetal bones of 6-7 months old foetus without any trace of placental tissue. On separation of the intestine which was firmly adherent to the mass, it was seen that 4 to 5 cm long bowel wall was eroded by bones upto the lining mucosa. There was a big rent on the bladder wall and the skull bones of the foetus were lying inside the cavity of the bladder (Fig. 1). The necrosed wall of intestine was removed by resection and end to end anastomosis of bowel was done. The bladder was repaired. A separate stab wound in bladder was made for suprapubic draining of urine.

On follow-up after 3 months H.S.G. showed normal tubal patency of left side.

*See Fig. on Art Paper V*