

# Full term live broad ligament pregnancy

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Mrs. N. R., aged 27 years, G1 P0 was referred to us on 25-3-97 as a case of full term pregnancy with rupture uterus. She had H/O amenorrhoea 38 weeks and pain in abdomen for 2 days. There was no history of any intrauterine procedures carried out in the past and of any significant developments during the 1<sup>st</sup> trimester. On clinical examination she had pallor. On abdominal palpation a fetus in oblique lie was felt superficially. Fetal heart sounds (FHS) were regular. The diagnosis of rupture uterus was ruled out by the presence and regularity of FHS. However, clinically the diagnosis of abdominal pregnancy could not be put with very precise certainty. In view of this quizzical situation an ultrasonography of abdomen was done. A diagnosis of secondary abdominal pregnancy was made on USG.

Patient was taken up for laparotomy. On opening the abdomen the right broad ligament with the conceptus presented at the incision. Uterus could be felt separately. A rent was made in the relatively avascular area of anterior leaf of the broad ligament. Placenta presented at the rent. It was by-passed and from its side the baby was delivered out. It was thick meconium stained.

The placenta was found attached to the anterior leaf of broad ligament. The tube at its mesenteric border also provided vascular attachment to the placenta. This disposition of the tube with the placenta strongly hinted it to be a primary tubal pregnancy that had found its way between the leaves of the broad ligament. Placenta could be separated but the vascular bed had considerable oozing which was sutured by haemostatic stitches. The right border of the uterus was found intact.

The two grossly enlarged leaves of the broad ligament were suitably excised after lysing bowel adhesions and ensuring ureteric safety. Purse string stitches were taken in the bed of the broad ligament to obliterate its base. Abdomen was closed in layers. After requisite blood transfusions she had an uneventful post operative period.

The baby was full term with 2700 gms. in weight. It required initial resuscitation after which its APGAR score was 2 at 1 minute, 5 at 5 minutes and 9 at 10 minutes respectively.