Right Intra – Ligamentary Pregnancy with Lithopaedion – A Case Report

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Smt. 'S' 30 years, a house wife, presented on 19-11-98 with h/o pain in the suprapubic region since 1 month. Pain was continuous which increased after micturition. She had pain in abdomen & had passed clots per vaginum for 15 days, 1½ months back following amenorrhoea of 6½ months. No h/o passing foetus. She had appreciated foetal movements from 5th month onwards & was comfortable throughout her pregnancy. She had no A.N.Cs. ML 7 yrs, $P_1L_{0'}$ FTND four years back, PNM on 2nd day.

O/E – Emaciated (Wt-29.5 Kg; Ht-139cms.) moderately anaemic but active. Vital signs & systemic examination normal. (B.P. –90/60mm Hg), Breasts, Spine, thyroid were normal.

P/A – A suprapubic bulge was visible & on palpation a mass of 12 –14 wks pregnancy size was felt more towards the rt of midline, not tender & bony hard in consistency. No organomegaly. No free fluid.

P/V – Ut RV, NS, deviated to left. Mass was felt in ant & rt fornices, firm to hard in consistancy & continuous with suprapubic mass. P.O.D. was free.

Investigations – Hb% - 6.6gms%, B.T-1'15"; C.T-4'40"; E.S.R.-66/hr; Monteaux –ve; F.B.S. - -96mg%; S. Creatinine – 0.5mg%.

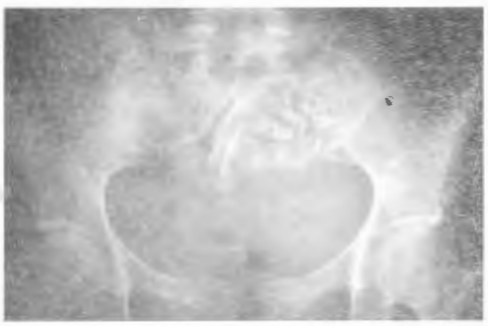

Fig 1

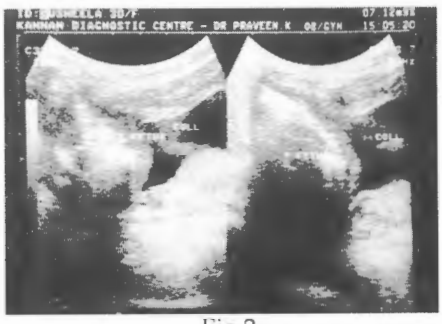

Fig 2

X-Ray Abdomen: Showing non-homogenous density overlying sacrum with calcified densities inside (Foetal femur over Lt iliac bone) Imp: Sec. Abdominal pregnancy.

U.S.G.: A mass measuring 11.4/9.4/7 cms posterior to bladder & anterior to uterus with echogenic densities within the mass. It was suggestive of pelvic abscess. Patient was prepared for surgery & taken up for laparotomy on 15.12.98.

Per operative findings: A hard mass about 15 cms in diameter was felt in anterior cul de sac. Loop of sigmoid colon & lower part of parietal peritoneum were adherent to the mass. On opening the mass, it was found to be filled with foetal skeleton. Soft parts had partially degenerated & calcified. Bones were removed from the cavity. The degenerating necrotic placental tissues which were adherent to the rt adnexa & bladder surface were removed. The uterus was behind & normal without any evidence of injury. Left ovary & tube were normal. Few bones had dissected between the layers of left broad ligament & perforated sigmoid colon. On dissecting necrotic tissues from sigmoid colon 4 fistulous communications were found between cavity & sigmoid. Surface of bladder was intact. Rt adnexectomy was done & rents in sigmoid were repaired. Patient had smooth post-operative recovery.