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A Rare Case of full term Secondary Abdominal Pregnancy

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Secondary abdominal pregnancy is a rare and potentially life threatening variation of extrauterine pregnancy within the peritoneal cavity, incidence varying from 1:782 to 1:50820 deliveries. A rare case of full term secondary abdominal pregnancy is being reported.

Smt. Neelam, 30 years old 2nd gravida, with h/o previous LSCS in our hospital for failed trial, was admitted with 28 weeks pregnancy with acute pain in abdomen and shock.

On examination, pulse 120/mt, pallor +++ BP 60mm Hg systolic P/A – uterus tense, tender, FHS+Reg. The uterus appeared to be of 28 weeks size pregnancy but a little vague in outline.

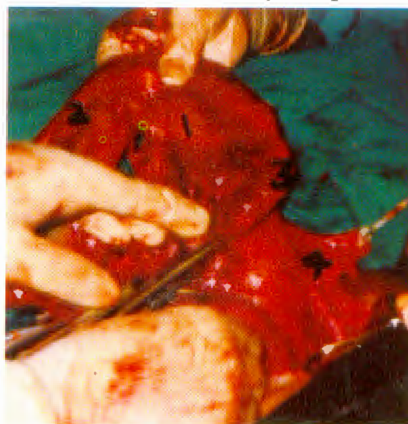
USG revealed 25 weeks, single live fetus with free fluid +++ in the peritoneal cavity. On close interview, the patient gave H/O amniocentesis 1 month ago for sex determination in some clinic.

On needling, frank blood was aspirated. The patient was given I/V fluids, blood transfusion, antibiotics and haemostats. She gradually recovered. Haemoperitoneum was thought to be a sequele of amniocentesis. The patient was discharged on 6th day.

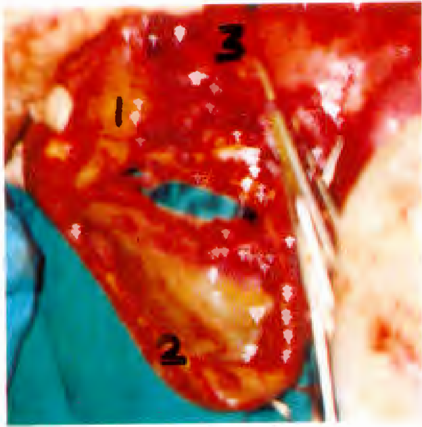
The patient had mild vague pain and slightly less fetal movement, but the fetus continued to grow. At 37 weeks, as the patient c/o increased pain, a laparotomy was planned. At this time, the USG, showed a 35 weeks size baby with IUGR, head towards the right iliac fossa but clinically the fetal parts were defined in a vague manner and gave a clinical picture simulating rupture of the uterus.

At laparotomy a thin membranous sac covering the fetus was found. Sac was incised and a live male baby was delivered. One and 5 minute Apgar score was 6 and 10 respectively.

We were unable to find uterine musculature. Plenty of large blood vessels were found and the thin sac was adherent to the adjacent caecum, bowel, bladder. Bleeders were ligated and the sac along with placental tissue was dissected free. During dissection the uterus was found low in the pelvis. On tracing the adnexae, the left fallopian tube was found ruptured at the isthmus and the lateral fimbrial end of the tube could be traced. (Photograph 1 & 2) So it was clear that it was a case of tubal pregnancy, which got ruptured either spontaneously or as a sequele to amniocentesis. The fetus got it's blood supply from the peritoneum and omentum and continued to grow. Once there was haemoperitoneum, but fortunately, the patient recovered.



Photograph 1 : Showing uterus (1), intact Rt, fallopian tube (2) ruptured medial end of Lt. fallopian tube (3) and ruptured lateral end of Lt. fallopian tube(4)



Photograph 2 : Showing uterus (1), complete rt. fallopian tube (2) and ruptured medial end of Lt. fallopian tube (3) after delivery of a live baby from abdominal cavity

The patient collapsed during the laparotomy. Five units of blood were transfused. She had paralytic ileus on the 3rd postoperative day which responded to conservative treatment. The baby had hypoglycaemia on the 3rd day, which responded to standard conservative treatment. Mother and baby were discharged on 10th postoperative day.