## Secondary Abdominal Pregnancy – Case Report

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Mrs A.B., a 19 yrs. old  $P_{1+0}$  (prev. LSCS) patient was admitted to NRS Medical College, Calcutta, with amenorrhoea of 5 months, persistent dull aching pain in lower abdomen and low grade fever for 4 days. Her last child birth was 1 yr. back by Caesarean Section for fetal distress.

She went for MTP in a nursing home where some instrumentation was done following which she started having bleeding P/V and pain in abdomen and referred to NRS Medical College.

## On Examination :

She was haemodynamically stable. Pallor-moderate, PR-106 per min., BP-110/60mm.Hg.

P/A: Lower abdomen was tender and a vague mass of 16-18 week size, with restricted mobility and irregular outline could be palpated.

P/V: os Closed, uterus was bulky 6-8 wk. size and deviated to left. A separate mass of about 15 x 10cm. size, tender and fixed could by palpated through post fornix.



She was put on broad spectrum antibiotics and transfused 2 units of blood.

Abdominal ultrasound revealed – bulky empty uterus and a heterogenous mass 15x11x8 cm size, lying posterior to the uterus and a dead fetus is lying outside the uterine cavity and attached to that mass, with the provisional diagnosis of abdominal pregnancy. Laparotomy was performed.

## At laparotomy

Bulky uterus was deviated to the left. A friable haemorrhagic mass (20x15 cm) was found attached to post and Rt. of the uterus, adherent with omentum and small intestine. A fetus of approximately 18-20 weeks gestation was seen lying in Rt. illiac fossa, attached to that mass with umbilical cord. With blunt and sharp dissection fetus and placenta was separated from adherent omentum and gut. Rt. tube was edematous and congested. Left tube and both ovaries were healthy. There was about 200 ml. of haemopeitoneum. Fortunately there was not much haemorrhage on removal of placenta.

Histopathological examination of that mass revealed placental villi. Post-operative period was uneventful and she was discharged on 7<sup>th</sup> post-operative day.

197