

A Rare Case of Viable 32 Weeks Secondary Abdominal Pregnancy

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Mrs. A G₃P₂L₁ 25 year old female was admitted in M.L.B. medical College Hospital on 4th Nov. 1999 at 11.00 a.m. with amenorrhoea 8 months 6 days and pain in abdomen for last 5 days. Her previous 2 deliveries were full term normal home deliveries (1st 6 years back & 2nd 3 years back i.e. in 1996). She took treatment from local practitioner but could not be relieved.

On examination her general condition was stable with pulse rate 62/min. B.P. 130/80 mm Hg. And pallor ++. On per abdominal examination fundal height was 32 weeks. lie oblique foetal parts superficially felt, uterine outline could not be defined and foetal heart was regular. On per vaginal examination os was closed.

On investigation haemoglobin was 5.78 gram percent. CBC showed falciparum positive malaria & ultrasound reported single viable secondary abdominal ectopic pregnancy of 31 weeks 6 days with oblique lie, foetal head in right hypochondrium, weight 1.7 kg. liquor scanty without congenital anomalies, placenta attached to right cornu of uterus and its adenexae and having grade I maturity with uterus bulky and empty.



Fig 1

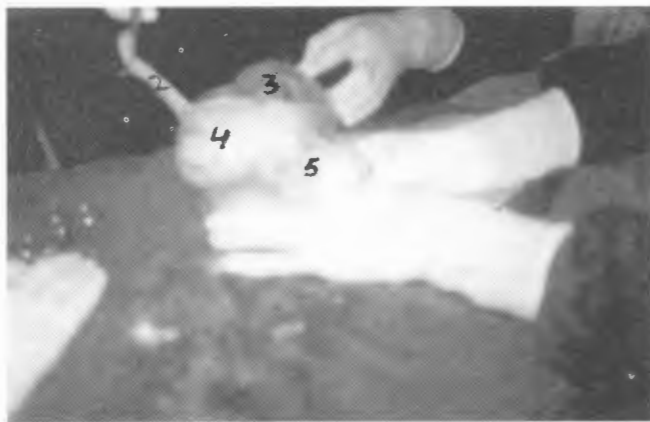


Fig 2

The patient was managed with vigorous foeto-maternal surveillance, complete bed rest, haematanics, tocolytics, analgesics, blood transfusion and quinine drip.

Though we planned elective laparotomy at a later date, she developed severe abdominal pain on 13th Nov. 1999 at 4 p.m. & was shifted to O.T. Emergency laparotomy was done under general anaesthesia and a live female baby weighing 1.8 kg was extracted out by breech at 6.00 p.m. Placenta was adherent to the right ruptured rudimentary horn of the uterus. It was placenta percreta in the rudimentary horn, so right horn was excised along with the placenta, complete haemostasis was obtained. Her post-operative period was uneventful and both mother & baby are healthy.

In our interesting case, flexible protocol and intensive antepartum, intrapartum, timely intervention and postoperative surveillance, enabled us to have a successful obstetrical outcome. This is one of the very rare cases of viable secondary abdominal pregnancy reported so far all over the world.