Abdominal Pregnancy with A Live Foetus – A Case Report

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A primigravida presented with abdominal pregnancy and viable live foetus and abruption placenta. Emergency laparotomy was done. Both mother and baby were saved.

A 30 year old primigravida was admitted with pain in abdomen and 32 weeks pregnancy on 21.12.2000. Her expected date of confinement was 12th February 2001.

She was referred from a peripheral hospital with a history of sudden onset of pain in the right upper abdomen and hypotension on the same day morning, managed conservatively. There was no history of any bleeding P/V. She was admitted 3 or 4 times in the local hospital for pain in abdomen in the antenatal period.

USG done there on the same day showed 32 weeks foetus with cephalic presentation and decreased liquor volume. Regular foetal heart rate. Placenta anterior unusually thick and irregular with a distorted architecture. A separate echogenic mass of 6.3 x 6.2 cm in size visualised above the placenta - ? retroplacental haemorrhage, ? Chorio angioma. There was free fluid in the peritoneal cavity. So she was referred as a suspected case of abruptio placentae.

At the time of admission the pulse rate was 130/mt. BP 140 / 100 mmhg. Blood parameters were normal. Per abdominal examination showed a fundal height of 28 weeks size. Abdomen was not tense, but there was mild tenderness on the right side. Foetal parts were difficult to make out. Foetal heart sounds were audible but feeble in intensity. There was distension of the abdomen.

Per vaginal examination showed that cervix was pushing from pouch of Douglas pushed up and could not be felt. The foetal head was felt through upper half of posterior vagina.

The possibility of abdominal pregnancy or rupture of uterus was thought of and Laparotomy was done. The peritoneal cavity was full of blood with a big blood clot on the right side. The baby was lying posterior to the uterus in the amniotic sac and was delivered as breech. (1.6 kg.). The placenta was partially separated from the surface of uterus and the rest of it came out easily leaving a portion in the pouch of douglas, adherent to sigmoid colon. There was severe bleeding from posterior surface of uterus, pouch of douglas, left broad ligament and surface of left ovary where placenta was attached. We tried uterine artery ligation to stop bleeding from uterus, but it was in vain.

Finally we had to do a hysterectomy with left salpingo oopherectomy to arrest the bleeding. (Photograph 1). Still there was profuse bleeding from the pouch of douglas where part of placenta was left. The pouch of douglas was packed with gel foam surgicell and 6 mops to arrest the bleeding. Six units of blood was given during the procedure.

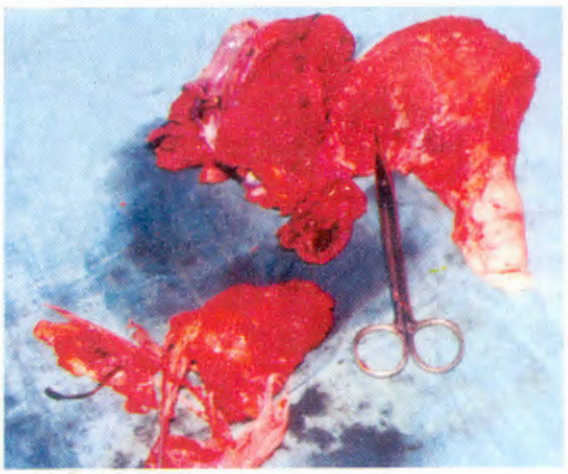

Fig. 1: Uterus with separated placenta. Scissors pointing to region of placental attachment

The abdomen was reopened after 48 hours to remove the mops. Postoperatively she was given broad spectrum antibiotics and 2 doses of Inj. Methotrexate at weekly intervals. (50mg., 25 mg., I/V). Postoperative period was uneventful. The baby was in the neonatal ICU for 1 week. Mother and baby were discharged in a healthy condition.

The case is reported because of its rarity. In this case we were able to terminate the abdominal pregnancy with a live baby.