CASE REPORT

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Advanced secondary abdominal pregnancy following rupture of rudimentary horn

Desai *BR*, Patted *Shobhana S*, Pujar *Yeshita V*, Ruge *Jayashree*

Professor and Head, Department of Obstetrics and Gynecology, J. N. Medical College, Belgaum - 590 010.

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Introduction

Advanced abdominal pregnancy is a relatively uncommon condition. The incidence of abdominal pregnancy is 1 in 10,000 live births and the incidence of advanced abdominal pregnancy is approximately 1 in 25,000 births [1]. The overall mortality rate associated with abdominal pregnancy is 0.5 to 8.0% [2]. Delay in diagnosis is mainly due to difficulties in clinical assessment caused by variance in presentation [3]. It usually occurs after tubal abortion or rupture [4]. Very rarely it occurs following rupture of rudimentary horn. Continuation of pregnancy is very rare without manifestation of hemoperitoneum. We report a case of secondary abdominal pregnancy following rupture of rudimentary horn.

Case report

A 22 year old G2P1L1 with previous normal delivery was referred to us for failed induction for fetal death with placenta previa of minor degree. She had amenorrhoea of 9 months and loss of fetal movements since 2 months. She was seen by a private doctor in the 5th month of pregnancy. On 19th January, 2002 she was seen by another private doctor after loss of fetal movements for 2 months. Sonography revealed 26 weeks gestation with fetal death and placenta previa of minor degree. Three doses of cerviprime and intravenous oxytocin drip failed to induce labor and she was referred to us on 22nd January, 2002.

Her general condition was stable with pulse rate of 90/min. and blood pressure of 120/80 mmHg. Uterine contour was not felt. Fetal parts were felt in the upper part of the abdomen with no distinct presentation. Cervix was long and os closed. Sonography showed normal sized empty uterus with a macerated fetus in the abdominal cavity. There was no liquor surrounding the fetus. Placenta was outside the uterus and adjacent to its fundus. A diagnosis of abdominal pregnancy with a dead fetus was made. Her Hb was 10.8 g/dL, blood group 'O' positive, and coagulation profile within normal limits. At laparotomy done on 23rd January, 2002 there was no hemoperitoneum. Fetus was encased in a highly vascular pseudosac formed by the omentum. Uterus was bulky with a rudimentary horn. A small rent was present in the rudimentary horn through which the umbilical cord was emerging. Fetus was delivered by separating it from the pseudosac shich was resected later along with rudimentary horn. The macerated fetus weighed 1.7 kg and measured 39 cm in length. Weight of the placenta was 250 g. Post-operative recovery was uneventful, and she was discharged on 28th January, 2002.

Discussion

Most of the cases of secondary abdominal pregnancy following rupture of rudimentary horn reported earlier in the literature had presented in the second trimester with signs and symptoms of hemoperitoneum [5,6]. Very rarely there is continuation of secondary abdominal pregnancy to term with delivery of a live foetus. A case of advanced abdominal pregnancy with delivery of viable fetus is reported recently [7]. In our case, induction for fetal death had failed outside. She was asymptomatic and stable on admission, had no hemoperitoneum, and did not require any blood transfusion.

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Correspondence :
Dr. Desai B. R.
Professor and Head, Department of Obstetrics and Gynecology, J. N. Medical College, Belgaum - 590 010.

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