

CASE REPORT

ABDOMINAL PREGNANCY WITH A FULL TERM LIVE FETUS: CASE REPORT

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Abstract

This is a case report of an abdominal pregnancy that was carried to term with live fetus. Illiteracy, poverty and lack of antenatal care had resulted in her late presentation. Bleeding per vagina, persistence abdominal pain, weight loss and pallor were the main clinical features. She had laparotomy and delivery of a live fetus.

Key words: abdominal pregnancy, term, live fetus

Résumé

Ce cas clinique se rapporte à une grossesse abdominale qui s'est déroulée jusqu'à terme avec un fœtus vivant. L'ignorance, la pauvreté et l'absence de consultation prénatale ont abouti à une consultation tardive. Un saignement par voie vaginale, une douleur abdominale persistante, une perte de poids et une pâleur étaient les éléments caractéristiques au plan clinique. Elle a bénéficié d'une laparotomie avec accouchement d'un fœtus vivant.

Mots clés: Grossesse abdominale, terme, fœtus vivant

Introduction

Abdominal pregnancy is a very rare type of ectopic gestation, with its frequency been directly related to the frequency of ectopic gestation in the population^{1, 2}. About 2% of all pregnancies are ectopic and abdominal pregnancy where implantation occurs within the peritoneal cavity is much more uncommon, accounting for 1%-4%² of all ectopic pregnancies. It is more common in developing countries¹ and is life threatening condition that requires early and accurate diagnosis if the severe complications associated with it are to be avoided.²

The clinical presentation of abdominal pregnancy is variable and physical examination by its self may be insufficient for the diagnosis.^{2,3} Clinical features such as persistent abdominal pain, painful fetal movements, weight loss, abnormal presentations, uneffaced and displaced cervix, vagina bleeding and, palpation of an abdominal mass distinct from the

uterus should raise the suspicion.^{1,4} To assist in pre-operative diagnosis and reduce errors, an array of diagnostic procedures including oxytocin stimulation, abdominal x-ray, hysterosalpingography and ultrasound scan have been used.^{5,6} Recently, an ultrasound diagnosis aided by the balloon of a Foley's catheter in the uterine cavity was reported in Nigeria.² Most cases of advanced abdominal pregnancy are associated with dead fetuses.^{2,4,5} A case of advanced abdominal pregnancy with live fetus following 15-year of primary infertility is hereby presented.

Case report

A 30-year-old unbooked primigravida presented with complaints of amenorrhoea of 10-month duration, abdominal discomfort of 9 months and sudden onset of vaginal bleeding of one day duration. Quickening occurred at 5-month of pregnancy and fetal movements were associated with abdominal pain.

Examination revealed evidence of wasting with mild pallor. Cardiovascular and respiratory systems were normal. The abdomen was distended with easily observed fetal movements and was moderately tender. Pelvic examination revealed blood stained vulva and uneffaced cervix with OS closed. The uterus was slightly bulky and appeared separate from the fetus. The ultrasound report revealed a slightly bulky uterus with a live extra uterine singleton fetus at 39 weeks of gestation. Her packed cell volume was 28% and anemia was corrected using a pint of compatible blood.

At laparotomy, the findings were; a live male fetus floating within the abdominal cavity, placenta attached to the antero - fundal aspect of the uterus and, slightly enlarged uterus with grossly normal tubes and ovaries. The placenta was stripped off with little difficulty and hemostasis at the placenta bed was secured. The estimated blood loss was 900mls and two units of blood were transfused intra operatively. The fetus weighed 3.20kg with Apgar scores of 7 and 8 in the 1st and 5th minutes respectively. He was grossly normal. The patient had uneventful postoperative recovery and was discharge home on the 8th post operative day in satisfactory condition.

Discussion

Abdominal pregnancy is a rare Obstetric complication with high maternal and even higher perinatal mortality.⁵ Its diagnosis is difficult and a high index of suspicion is important in recognizing the condition.^{2,5,6} Persistence abdominal pain as in this report, is the commonest symptom.^{1,4,5} Other clinical features include painful fetal movements, weight loss, vaginal bleeding and uneffaced cervix. These features supported by Ultrasonography made the diagnosis relatively easy in this patient.

Management of abdominal pregnancy poses a clinical challenge because of risk of maternal death from hemorrhage and the possibility of congenital abnormalities.⁵ The widely accepted treatment is immediate laparotomy because of the above complications.⁶ However, there has been debate regarding the use of a more conservative approach if

the pregnancy is discovered after 24 weeks of gestation and the fetus is alive.¹ This approach should only be undertaken if the patient can be kept under strict observation, preferably in Hospital.^{1,3} One of the challenging problems during laparotomy for abdominal pregnancy is risk of massive hemorrhage when attempts are made to remove the placenta.⁵ It is advised that except the entire blood supply to the placenta can be secured with minimal risk to the patient; the placenta is best left in situ.³ use of methotrexate to hasten placental involution and resorption has been reported.⁵ Owing to the site of implantation, removal of the placenta in this case was relatively easy. Since most cases of advanced abdominal pregnancy are associated with fetal demise,^{2,4,5} delivery of live fetus at term in this case is interesting. At postnatal clinic, the patient's general condition was satisfactory. The baby had weighed 3.8kg and had remained grossly normal. The need for antenatal care in subsequent pregnancies and hospital delivery was emphasized to the couple at discharge from the postnatal clinic.

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