



## **INTRA ABDOMINAL PREGNANCY**

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### **Abstract :**

An interesting case of primary intra abdominal pregnancy is presented here for its rarity . The incidence of intra abdominal pregnancy varies from 1 in 10000. The perinatal mortality is very high and when properly managed maternal mortality may also increase , Here such a case condition with good maternal outcome is discussed.

**Keyword :**INTRA ABDOMINAL PREGNANCY HAEMORRHAGE - INCREASED PERINATAL AND MATERNAL MORTALITY

### **INTRODUCTION :**

Intra abdominal pregnancy is a rarity in obstetrics. It may be primary (original site of implantation or secondary (resulting from re-Implantation of partial tubal abortion).

### **CASE REPORT :**

A 26 year old primi gravida, conceived after infertility treatment was referred to our hospital

on 25-01-2011 with Oligohydramnios. Her last menstrual period was on 22<sup>nd</sup> July 2010. Patient has taken treatment for infertility in 2007. Then she discontinued treatment now conceived spontaneously.

On Examination her vitals were stable. Per abdomen Examination -abdomen was 26 weeks size, Not acting, Not tense/tender, fetal parts felt. Obstetric ultrasound and fetal doppler done , features suggestive of Intra abdominal gestation of 23-24 weeks with oligohydramnios. Evidence of fetus noted separately from uterus/placenta seen in the right side of abdominal cavity. No evidence of myometrium around fetus.

An Emergency laparotomy was done under general anaesthesia. Abdomen opened by mid line incision in layers. Fetus and amniotic sac entangled and sealed by omentum loops of small bowel and omentum

separated from amniotic sac. 50ml of clear liquor drained. Delivered alive boy baby of weight 550grams which died subsequently. Placenta found adherent to the small bowels and removed piece meal. Intra operatively 3 units of blood transfused. Injection methotrexate was given post operatively. Her post-operative period was uneventful.



#### DISCUSSION :

Abdominal pregnancies Incidence – 1/10,000 pregnancies and in 1/100 ectopic pregnancies. Abdominal pregnancy a rare variety of ectopic pregnancy is defined as an intra peritoneal implantation that is exclusive of tubal, ovarian or Intra-ligamentous implantation. Even more uncommonly does it reach an advanced stage of gestation, and a viable abdominal pregnancy with a successful outcome is a rare event. The condition is associated with very high maternal mortality, with reported rates of 0.5 to 18%. The Major cause for this is Massive hemorrhage which may occur during pregnancy, during surgery or in the post operative period similarly the condition is associated with very high prenatal mortality rate of 95%. Diagnosis of intraabdominal pregnancy is difficult. symptoms and signs such as abdominal pain, gastro-Intestinal symptoms, painful fetal movements,

abnormal presentation, vaginal bleeding, palpation of pelvic mass distinct from uterus are considered suggestive evidences of an abdominal pregnancy. Increasing use of assisted reproductive technology with embryo transfer has been associated with increasing numbers of heterotopic pregnancy. CT Scan and MRI have been used successfully to complement sonography in making accurate diagnosis. Immediate surgery is the treatment of choice. The placenta should be removed because complication like hemorrhage, abscess, sepsis. Removal of placenta is not technically feasible. Methotrexate treatment has been used in attempt to speed its degeneration, but its efficacy on this application is unproven.

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