



A RARE CASE OF ABDOMINAL PREGNANCY

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INTRODUCTION

Abdominal pregnancy is a rare diagnosis belonging to the ectopic pregnancy group leading cause of pregnancy related mortality and morbidity. Incidence is 10.9 in 100,000 live births. [1]

OBJECTIVES

- → Early diagnosis of abdominal pregnancy and immediate appropriate management.
- → To reduce maternal morbidity and mortality.

CASE OPERATION PROCEDURE

→ A 38 year old patient was referred to emergency obstetrics unit with history of amenorrhea for 5 months and pain abdomen since last 2 days. A urine pregnancy test revealed a positive result.

She was fourth Gravida with previous three vaginal deliveries. On examination a tender suprapubic mass was found. A bedside ultrasound confirmed a single live extrauterine of pregnancy approximately 20 weeks 3 days with anterior placenta. Patient was taken up for emergency laparotomy which revealed a viable foetus weighing 279 gram with intact amniotic sac inside the peritoneal cavity. Parts of placenta was noted to be implanted on ileum and was removed as complete as possible. A temporary loop ileostomy was done. Uterine surface, ovaries and Fallopian tube were grossly normal which supports the diagnosis of primary abdominal pregnancy. Bilateral tubectomy was done. Reversal of ileostomy was done after 3 months and patients was discharged in a healthy condition.

PICTURE



DISCUSSION

Advanced abdominal pregnancy (AAP) is classically defined as a that has pregnancy progressed beyond 20 weeks of gestation in which the fetus is growing and mother's developing in the abdominal cavity, or the fetus shows signs of having been in the mother's abdominal cavity. It is an extremely rare obstetric complication.^[2]

CONCLUSION

→ Abdominal pregnancy can be regarded as a difficult diagnosis to establish. Although rare, but has a very high rate of fetomaternal morbidity and mortality

REFERENCES

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