ORIGINAL RESEARCH PAPER

Radiology

ADVANCED SECONDARY ABDOMINAL PREGNANCY

KEY WORDS: Abdominal pregnancy ,Ultrasound ,MRI.

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ABSTRACT

Abdominal pregnancy is rare accounting for less than 1% of ectopic pregnancies. It is associated with high maternal and fetal mortality. Abdominal pregnancy is difficult to diagnose as the clinical symptoms are nonspecific and include abdominal pain, vaginal discharge, nausea and vomiting. We report a case of advanced secondary abdominal pregnancy at 30 wks gestation diagnosed and successfully managed at District Civil Hospital.

CASE REPORT:

A 26 yrs old female(G2P1L0D1) at30 wks gestation presented with vague abdominal pain and decresase in fetal movements. Ultrasound revealed 30 wks fetus with absent cardiac activity. There was suspicion for abdominal pregnancy in View of poor visualization of the uterine myo metrium along the amniotic sac on ultrasound.

MRI was used for confirming the diagnosis.T2 weighted multiplanar sequences revealed fetus with amniotic sac outside the uterine cavity. The placenta was noted adhered to the omentum and mesentery.(Fig.1&2). Patient underwent laporotomy. There was abdominally located amniotic sac with fetus and placenta poster superiorly. The uterus revaled separation of old LSCS scar and the walls of the rent were thickened and fibrosed. There was no rent posteriorly ,tubes and ovaries were normal. There was no hemoperitoneum. The 30 wks fetus resting on the decending colon was removed. The placenta was removed from the omentum and mesentery with blunt dissection achieving complete removal. The patient made uneventful recovery On retrospective detail history the patient recollected incident of blunt abdominal trauma .This was probably the cause for the secondary abdominal pregnancy. A slow extrusion of the pregnancy sac through the Previous caeserain scar is the mostlikely possibility.

DISCUSSION

Abdominal pregnancy is rare accounting for less than 1% of ectopic pregnancies. It is associated with high maternal and fetal mortality. Abdominal pregnancy is difficult to diagnose as the clinical symptoms are nonspecific and include abdominal pain, vaginal discharge ,nausea and vomiting.

The abdominal pregnancy can be primary or seconadary. Secondary abdominal pregnancies are more common. These are possibly result of unrecognized tubal rupture.

Ultrasound can diagnose early abdominal pregnancy but an advanced abdominal pregnancy is poorly identified with about half of cases being mis diagnosed on ultrasound scan. MRI should be used as diagnostic modality as it helps in confirming the abdominally located fetus as well as provides information about placental adherence. Laprotomy is the mainstay in treatment of advanced abdominal pregnancy. There are several methods for the mangemnt of placenta described. These include complete removal as achieved in our case. An adhered placenta can be left in situ to avoid bowel injury. The role of methotrexate is controversial due to risk of sepsis caused by rapid placenta degeneration. BHcg can be used for monitoring placental involution.

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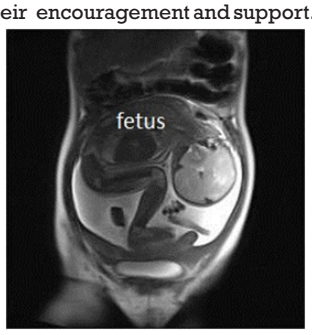

Fig1a. Coronal T2 MRI Showing abdomianal fetus with amniotic sac

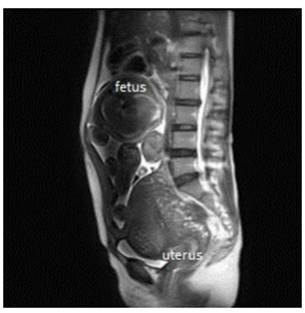

Fig1b.Sagital T2 MRI Revealing abdominal fetus separate from the uterus.

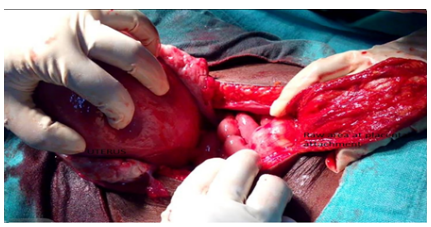

Fig.2 Operative Photograph showing raw area of placental attachment to the omentum.

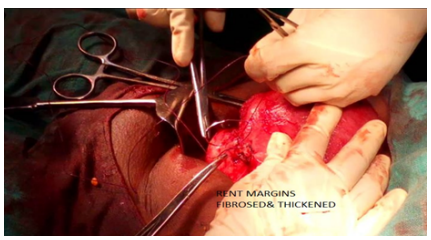

Fig 2b. Uterine rent margins showing chronic changes of fibrosis and thickening.

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