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) at 30 wks gestation presented with vague abdominal pain and decrease 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 myometrium 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. Patient underwent laparotomy. There was abnormally located amniotic sac with fetus and placenta posteriory. The uterus revealed separation of old LSCS scar and the walls of the rent were thickened and fibrosed. There was no rent posteriorly, and ovaries were normal. There was no hemoperitoneum. The 30 wks fetus resting on the descending colon was removed. The placenta was removed from the omentum and mesentery with blunt dissection achieving complete removal. 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 most likely 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 secondary. 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 misdiagnosed 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. Laparotomy is the mainstay in treatment of advanced abdominal pregnancy. There are several methods for the management 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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