

HETEROTOPIC PREGNANCY WITH ABDOMINAL ECTOPIC PRESENTED AS LITHOPEDION : A Case Report

Presented by : Dr Himani Punshi

Guided by : Dr Jyoti Jaiswal , Dr Smrity Naik , Dr Shweta Dhruw

Department of Obstetrics & Gynecology, Pt. Jawahar Lal Nehru Memorial Medical College Raipur(C.G)

INTRODUCTION

Abdominal pregnancy is defined as pregnancy anywhere within the peritoneal cavity exclusive of tubal, ovarian or broad ligament with placenta attaching to and deriving blood supply from visceral organs. It can be either primary or secondary (more common)

Secondary abdominal pregnancy refers to pregnancy that originated in the tubes or less commonly the ovaries and reimplant in the peritoneum where the embryo or the foetus continues to grow.

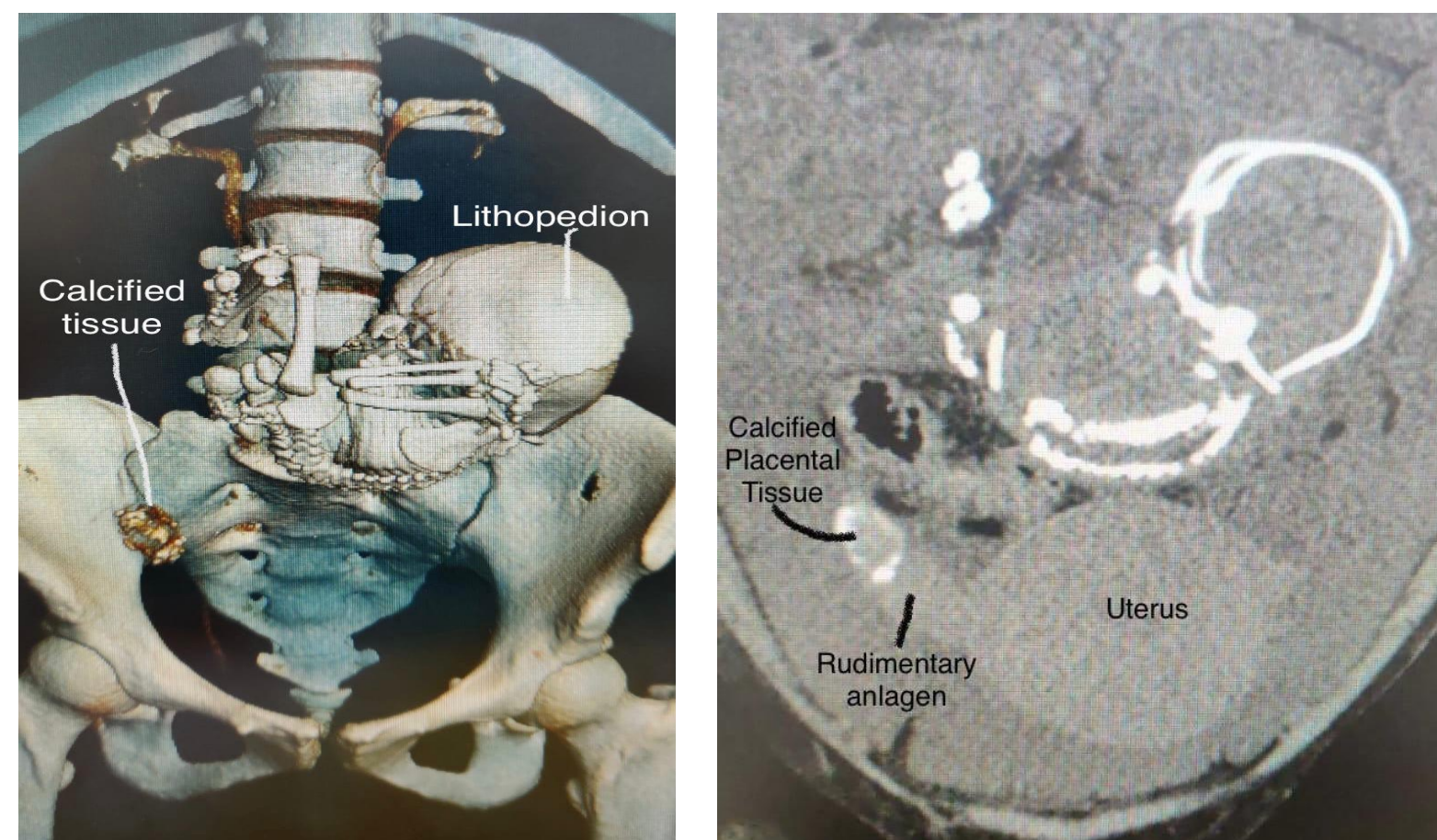
INCIDENCE

Ectopic pregnancy represents about **1-2%** of all pregnancies with **95%** occurring in fallopian tubes.

Abdominal pregnancy just represents **0.9-1.4%** of ectopic pregnancies with estimated incidence of **1:10,000 to 1:30,000(1)**

Maternal mortality is around 7.7 times that of other location of ectopic pregnancy and 90 times that of intrauterine pregnancy(2).

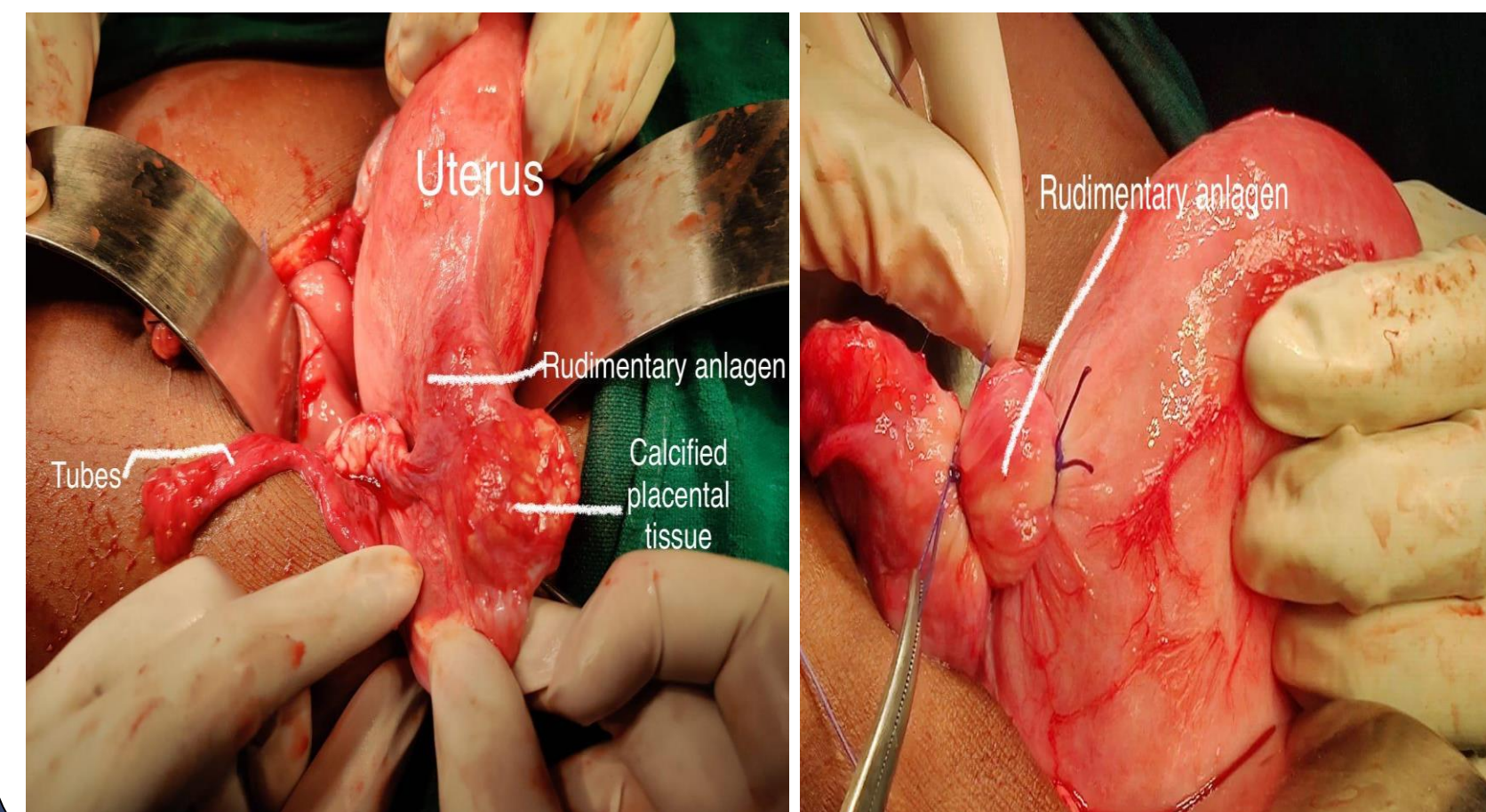
Lithopedion occurs in 1.5- 1.8% of extrauterine pregnancies and 0.00045% of all pregnancies.



CASE REPORT

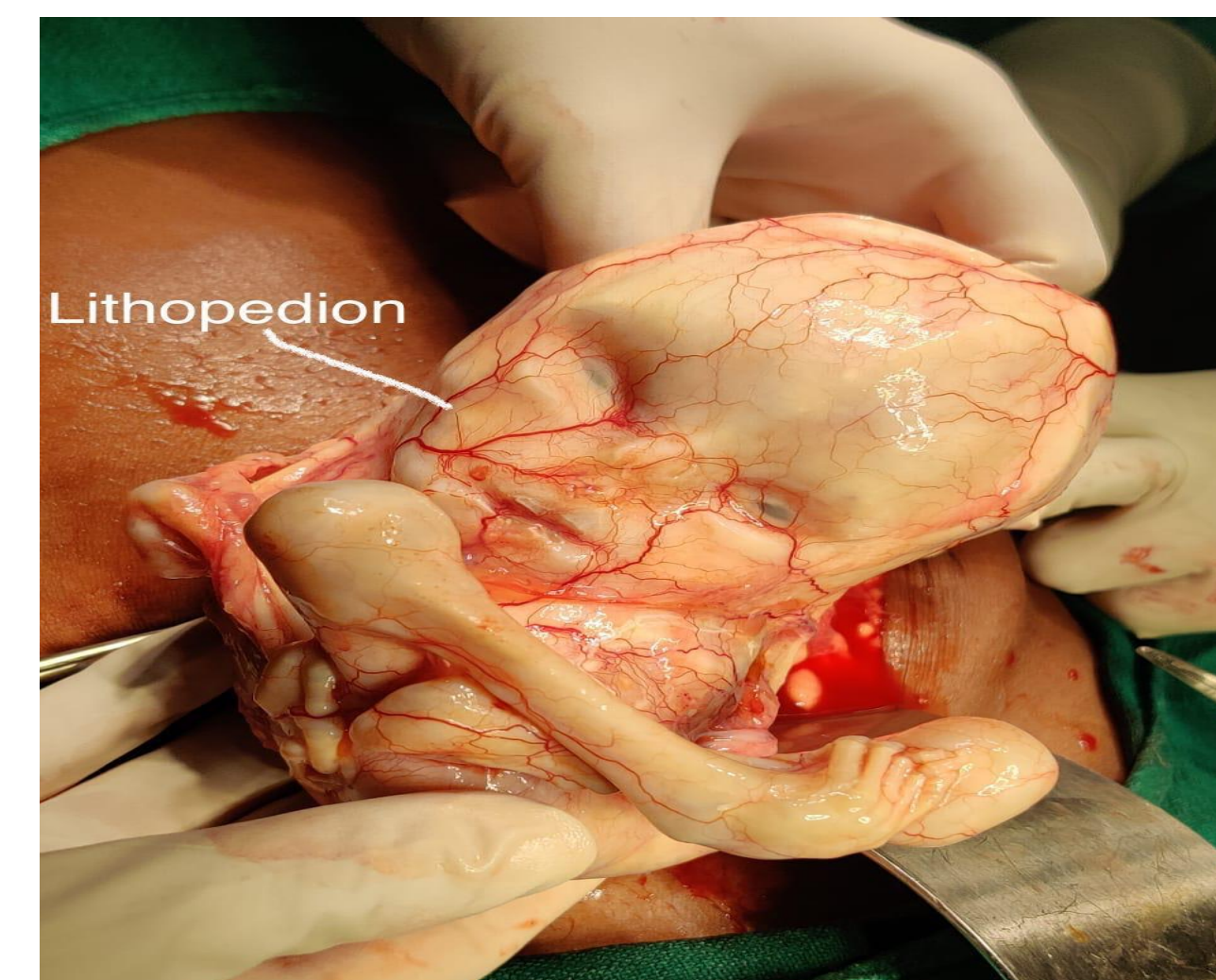
28 year old P2L1D1 unbooked patient delivered a preterm child 3 days back after which she was unable to pass urine, motion and unable to tolerate oral feeds, presented with complaints of vomiting 7-8 episodes per day and abdominal distention. On examination she was very pale, with abdomen grossly distended. Her urgent hemoglobin was 4.7 gm% and USG suggested gross ascites with abdominal ectopic pregnancy in left lumbar region and lower abdomen. CECT and MRI was done to confirm the diagnosis CT ANGIOGRAPHY revealed vascularity and a calcified fetus of 26 weeks gestation and ruled out mesenteric ischemia.

Exploratory laparotomy revealed calcified fetus (**lithopedion**) present in the lower abdomen. Small calcified mass of 3*3 cm, might be remnants of placental tissue was found attached to the external surface of a small muscular mass of 2cm attached to right sided tube and ovary which must be rudimentary anlagen on the right side of uterus. Based on history & above finding it was an undiagnosed case of **Heterotopic pregnancy**. (Secondary abdominal ectopic. She was discharged on 8th day of post op recovery in good condition.



DISCUSSION

Most cases of abdominal ectopic pregnancy do not survive. Pregnancies with some vascular attachment to the uterus seem to be associated with a higher chance of fetal survival. The mainstay of management for abdominal pregnancy is surgery. Removal of the ectopic pregnancy mass could cause intractable hemorrhage and/or organ injury because of deep trophoblastic invasion into the surrounding tissue. However, leaving the placental tissue is associated with large number of post op morbidity and mortality. In our case whole of the calcified tissue which may be placental tissue along with rudimentary horn was removed and haemostasis was achieved. An abdominal pregnancy is often associated with fetal deformities such as facial and cranial asymmetry, joint and limb deformity. **Lithopedion (stone baby)** develops when an abdominal pregnancy remains undiagnosed for more than 3 months, without autolysis and gets **calcified**. It usually presents with features of acute abdomen and obstruction.



CONCLUSION

Rapid initial assessment with high index of suspicion, ultrasound imaging and MRI remains a great aid in prompt diagnosis of abdominal ectopic and its vascularity.

Prompt delivery of the fetus, control of hemorrhage and decision of placenta removal are great challenges. A multidisciplinary approach is needed for successful management of such patients and to reduce maternal mortality and morbidity.

This case was unique as abdominal ectopic pregnancy is a very rare phenomena and the peculiarity of this case is its presentation as a post natal case with heterotopic pregnancy (delivered vaginally) with secondary abdominal ectopic of 26 weeks gestation .The ectopic fetus developed as a hard calcified mass (lithopedion) with features of acute abdomen.

REFERENCES

1. Zeck W, Kelters I, Winter R, Lang U, Petru E. Lessons learned from four advanced abdominal pregnancies at an East African Health Center. *J. Perinat Med.* 2007;35(4):278–281. [PubMed] [Google Scholar]
2. (Yasumoto K, Sato Y, Ueda Y, et al. Expectant management for abdominal pregnancy (2017))
3. Rahman MS, Al Suleiman SA, Rahman J, Al-Sibai MH. Advanced abdominal pregnancy- observation in 10 cases. *Obstetrics Gynecol.* 1982;59:366–372. [PubMed] [Google Scholar]
4. C.A Stevens. Malformations and deformity in abdominal pregnancy.