Advanced Abdominal Pregnancy: An Unexpected Late Pregnancy Presentation

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Abstract:

Abstract Background: Abdominal pregnancy is a rare form of ectopic gestation. Early diagnosis of this rare condition is difficult, owing to its atypical presentation and low index of suspicion. The characteristic history is that of abdominal pain, vaginal bleeding, and symptoms related to the gastrointestinal tract. These symptoms are occasionally overlooked, and the diagnosis is often missed. Case: A 20 year-old woman, gravida 2, para 0 + 1, 30 weeks pregnant, presented with abdominal pain and absent foetal movements for 7 days. There was no history of pain prior to this episode, and she had no vaginal bleeding during pregnancy. She reported that she had regular antenatal care with 3 ultrasound scans confirming a normal pregnancy. On examination, the fetal position was transverse with easily palpable fetal parts. Fetal heart sounds were audible. Ultrasound examination revealed an unexpectedly empty uterus with a 30 week-old fetus and an extraterine placenta. Magnetic resonance imaging (MRI) confirmed the previous findings. Laparotomy was performed to extract the fetus and the placenta. Results: The patient's postoperative course was uneventful, and she was discharged after 5 days. The neonate died after 2 weeks because of severe respiratory distress syndrome. Conclusions: Despite being very rare, abdominal pregnancy should be suspected regardless of gestational age. The presence of easily palpable fetal parts and an empty uterus should warrant the diagnosis. Good quality antenatal care is mandatory for early detection of this rare condition. Ultrasound examination remains the "gold standard" for initial diagnosis. However, MRI may be necessary to confirm the diagnosis. (J GYNECOL SURG 31:40)

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