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Advanced abdominal pregnancy, with live fetus and severe pre-eclampsia: A case report

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Background: Abdominal pregnancy may account for up to 1.4% of all ectopic pregnancies. The incidence of abdominal pregnancy differs in various literatures and ranges between 1:10,000 pregnancies to 1:30,000 pregnancies. The clinical symptoms of an uncomplicated abdominal pregnancy are unspecific. There are reports of maternal and fatal survival from advanced abdominal pregnancies.

Case Presentation: Our case study begins with a 26 years old gravida 4, para 3 (2 alive, one early neonatal death) woman. She presented to Felege Hiwot Referral Hospital with a principal complaint of vomiting, epigastric pain, headache, and blurring of vision. Emergency caesarean delivery was decided with the impression of bicornuate uterus with intrauterine pregnancy, intrauterine growth restriction and sever preeclampsia. It was found to be advanced abdominal pregnancy. Placenta was removed, and pack was used to control bleeding. Both the mother and neonate were discharged in a good condition.

Conclusion: Abdominal pregnancy with live fetus is an extremely rare condition and requires a high index of Suspicion. Endometrial cavity may not be required for development of severe preeclampsia and packing is effective in controlling bleeding in selected cases. Abdominal pregnancy may account for up to 1.4% of all ectopic pregnancies. The incidence of abdominal pregnancy differs in various literatures and ranges between 1:10,000 pregnancies to 1:30,000 pregnancies. The incidence is high in women of developing nations. This may be due to low socioeconomic status, high rate of pelvic inflammatory disease or pelvic infection, history of infertility, tubal sterilization, tubal reconstruction surgery, pregnancy with intra uterine device. Compared to tubal and intrauterine pregnancies, the risk of dying from abdominal pregnancy is high. It is 7.7 times higher than tubal pregnancy and 90 times greater than an intrauterine pregnancy. The maternal mortality may range from 0.5% to18% and perinatal mortality rate is 40–95%. It can be either a primary or secondary. Primary peritoneal implantation is rare, and proposed criteria for its diagnosis include the following: normal tubes and ovaries, absence of utero placental fistula, and sufficiently early diagnosis to exclude the possibility of secondary implantation. The secondary type is the commonest and it is commonly following ruptured tubal pregnancies. The definition of abdominal pregnancy excludes ovarian, tubal and intraligamentary pregnancies. The clinical manifestations of an uncomplicated abdominal pregnancy are unspecific. The most frequently encountered includes: non-labor typically persistent abdominal or suprapubic pain (100%), no delay in menstruation, bloody vaginal discharge, gastrointestinal symptoms (70%), painful fatal movements (40%), malaise (40%), and altered bowel movements. Even if the association has rarely been described, the incidence of pre-eclampsia would be expected to be high in such patients. We report here a case of advanced abdominal pregnancy with severe pre-eclampsia, both the mother and her baby were discharged safely.

Biography

Dr. Fekade was borne in the rural parts of south Gondar, Ethiopian 1983. He has an extended family and attended his elementary and high school in simada district. He joined Jimma University in 2002 and transferred to university of Gondar in 2005 and completed his 1st degree in 2008 as an MD. After 2.5 years of practice as a lecturer and general practitioner at mekelle university college of medicine and health sciences he joined Addis Ababa university for specialty certificate in obstetrics and gynecology .He joined Bahirdar University as an assistant professor of obstetrics and gynecology. He also worked at Marie stops international Ethiopia bahirdar MCH center. He is now having his own obstetrics and gynecology specialty clinic in bahirdar and still a faculty member of bahirdar university.

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