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Primary abdominal pregnancy with incisional hernia with previous two caesarean sections

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Primary abdominal pregnancy is an extremely rare type of extra uterine pregnancy. It is potentially life threatening form of ectopic gestation with incidence of 1% of all ectopic pregnancies. Most of these pregnancies are terminated earlier due to spontaneous separation from the site of implantation and the patient may present with shock. So, a high index of suspicion is important for making a correct diagnosis especially with GI symptoms and its timely management. We report a case of primary abdominal pregnancy with incisional hernia in 35 years old-Gravida 3 Para 2 with previous 2 caesarean sections. She presented to us with severe abdominal distension and shock on account of herniation and obstruction of small bowel. She had severe nausea, vomiting and abdominal discomfort. She had not passed stools since last 2 days. She had been admitted earlier in a private nursing home for bleeding per vaginum. Dilatation and curettage was done without any antenatal ultrasound. Urine pregnancy test was positive. But her condition deteriorated after few hours and she was referred to a higher centre. Ultrasound was done which showed grossly dilated bowel loops and 15 weeks size foetus in the abdominal cavity. Emergency laparotomy was done obstructive incisional hernia was found due to previous caesarean section scar. Small bowel was entangled in the hernia sac. A live foetus of about 15 weeks was found trapped between the bowel loops. Placenta was attached to the omentum of the small bowel. Uterus was enlarged-about 10 weeks in size. Bilateral tubes and ovaries were normal. Contents of the hernial sac were reduced. Primary repair of hernia was done. Foetus was removed from the implantation site. There was no bleeding from the site. Patient was transfused 2 units of blood. Her post operative period was uneventful and she was discharged satisfactorily on day 7. Hence, ultrasound should always be done to rule out ectopic before termination of pregnancy. Midline vertical incisions are associated with increased incidence of ventral hernia. Complications of hernia like strangulation and ulceration of skin are to be avoided and managed during pregnancy.

Biography

Parul Nigam is a Gynaecologist. She has completed her Post-graduate degree in Obstetrics and Gynaecology at King George Medical University, Lucknow, India. She has over 10 years of experience in this field. She has completed formal subspecialty training in Gynaecological Endoscopy; Diploma in Gynaecologic Ultrasound at reputed institute in Delhi. And one year certificate course in Diabetes. She is an Avid Reader and has done certificate course in genetics and genetics counselling. She is currently doing research work in the field of Infertility and Fetal Medicine. Her specialization is in the field of complete women health care solution. She is presently working as a Consultant in all the above disciplines in Nigam Hospital and St. Jude's Hospital, Jhansi. She makes utmost effort to maintain global standards and provide the best possible treatment to her patients. She is a Member of IMA, FOGSI, and IAMG and has attended many national and international conferences.

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