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Primary abdominal pregnancy with an incisional hernia with previous two cesarean sections

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Primary abdominal pregnancy is an extremely rare type of extrauterine pregnancy. It is the potentially life-threatening form of ectopic gestation with an 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 time management. We report a case of Primary Abdominal Pregnancy with an incisional hernia in 35 years old- Gravida 3 Para 2 with previous 2 cesarean sections. She presented to us with severe abdominal distension and shock on account of herniation and obstruction of the 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 were done without any antenatal ultrasound. Urine pregnancy test was positive. But her condition deteriorated after a few hours and she was referred to a higher center. Ultrasound was done which showed grossly dilated bowel loops and 15 weeks size fetus in the abdominal cavity. Emergency Laparotomy was done obstructive incisional hernia was found due to previous cesarean section scar. The small bowel was entangled in the hernia sac. A live fetus of about 15 weeks was found trapped between the bowel loops. The placenta was attached to the momentum 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 a hernia was done. Foetus was removed from the implantation site. There was no bleeding from the site. The patient has transfused 2 units of blood. Her postoperative 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 an increased incidence of a ventral hernia. Complications of a hernia like strangulation and ulceration of skin are to be avoided and managed during pregnancy.

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