Abdominal pregnancy in a clinically postmenopausal woman

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Exploratory laparotomy was performed after 10 days of conservative management. At laparotomy, the uterus was found to be enlarged to about 16 weeks size and was pushed to the left. A gestational sac was seen on the right side separate from the uterus and extending up to the right hypochondrium. Right round ligament was thickened and was running in front of the sac (Figure 3). The medial ends of the right fallopian tube and the ovarian ligament were identified medial to and above the sac stretching across its posterior wall (Figure 3). Left tube and ovary were normal. Right-sided broad ligament pregnancy was thus diagnosed.

Postoperative period was uneventful. Patient was discharged on 7th postoperative day. The baby did well and was discharged after 2 weeks stay in neonatal intensive care unit. Mother and baby were doing well 2 weeks after discharge.

Discussion
Champion et al described in 1816 the first case of broad ligament pregnancy. Wolfe and Neigus\(^1\) reported 3 early cases in 1953. Phupong et al\(^2\) reported an 11 weeks broad ligament pregnancy. Siow et al\(^3\) reported the first laparoscopically treated broad ligament pregnancy. In 1983 Parsons et al\(^4\) reported a case of advanced intraligamentary pregnancy of 33 weeks with fetal demise. In 1985 Vierhout and Wallenberg\(^5\) reported a 36 weeks intraligamentary pregnancy resulting in a live and healthy infant. Cachon-Lopez et al\(^6\) have reported an abdominal pregnancy diagnosed at 30.4 weeks, managed conservatively for 2 weeks following which a live and healthy fetus was delivered from the broad ligament by laparotomy. Phupong et al\(^7\) report a case of broad ligament twin pregnancy while Deshpande et al\(^8\) report a twin broad ligament pregnancy following in-vitro fertilization and embryo transfer. If at the time of diagnosis the baby is expected to reach reasonable viability within a few weeks conservative management with close monitoring is justified. When diagnosed at early gestation a laparotomy should be carried out.

Reference

Key words: abdominal pregnancy, postmenopausal pregnancy

Introduction
About 2% of all pregnancies are ectopic ones and more than 95% of ectopic gestations occur in fallopian tubes\(^12\). Abdominal pregnancy, where implantation occurs in the peritoneal cavity, either primarily or secondarily, is very uncommon and has a worldwide incidence of 1:3300 to 1:10200\(^12\).
On ultrasonography (USG) an abdominal pregnancy was diagnosed. The followings were the USG findings:

An extrauterine pregnancy of around 16 weeks fetal maturity, normal fetus, and placenta located to the posterior of the fetus are seen. No myometrial tissue could be demonstrated surrounding either the fetus or the placenta. A crescentic hypoechoic layer is noted behind and to the right of the placenta suggesting retroplacental clot. Moderate amount of hypoechoic collection is noted in the inferior aspect of the fetus. Cervix could not be traced in the inferior pole of the feto-placental unit. Normal antverted uterus with central normal thickness (for this age) and endometrial motion tenderness nor fornical tenderness. Clinically she was diagnosed as a case of ovarian tumor.

Management is also a very difficult decision for the obstetrician particularly if the patient is absolutely normal and carries a normal baby. The present trend is to operate if it is diagnosed before 22-24 weeks and to allow the pregnancy to continue if there is absence of fetal malformation. placental attachment is remote from the upper abdomen, good maternal condition, availability of state of the art facility throughout 24 hours, and the risk is discussed with the patient 44.

Most important part is the fact that the menstrual behavior of a woman in the perimenopausal period is totally unpredictable. Any menstrual abnormality like polymenorrhea, oligomenorrhea and amenorrhea, may occur during this period. And the length of the period of these abnormalities is also unpredictable, as is in our case where there was amenorrhea for as long as 2 years prior to the pregnancy. Women in this period with such a long history of amenorrhea may consider themselves immune to pregnancy and stop contraceptive use resulting in unwanted pregnancy which a psychosocial trauma to the patient. The problem is grave in the developing countries where pregnancy may even be well advanced with all potential complications. Should the women in the perimenopausal period be informed that amenorrhea, even for as long as 2 years, is not safe from conception? 55.

References


Figure 1. Dual sonographic image of the pelvis with a 3.5MHz probe. The left image shows oblique longitudinal section and the right one shows oblique transverse section.