Omental feeding fetus: A rare phenomenon

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ABSTRACT

Introduction: Ectopic pregnancy comprises 1-2% of overall pregnancy and abdominal pregnancy’s incidence is 1:10,000. Identification of such pregnancy is crucial due to high mortality and morbidity rate. We describe a case to instill insights of such condition and enhancing clinical skills in tackling this potentially life-threatening condition.

Case Description: A 30-year-old, G2P1 at undetermined period of gestation presented to the Emergency Department with persistent abdominal pain for 4 days with syncopal attack. Examination reveals a pale, hypotensive and tachycardic women with guarded and distended abdomen. There was an abdominal mass palpable which was equivalent to an 18-weeks gravid uterus size. Transabdominal ultrasound reveals empty uterus with thin endometrium. Gestational sac seen anterior to the uterus with CRL measuring 5.67 cm (consistent with a 12 weeks’ fetal gestation). Fetal heart pulsation was seen. Free fluid noted at Morrison pouch. Patient underwent an emergency laparotomy and there was 3L hemoperitoneum, adhesion of uterus to bilateral pelvic wall and a rupture of the left fallopian tube. A mass covered by omentum containing gestational sac measuring 10x8 cm was seen. Left salpingectomy and adhesiolysis were done. Total blood loss was 6 liters. Discussion: Abdominal pregnancy can be primary or secondary. Based on the histopathological examination the latter is proven – an undiagnosed tubal pregnancy which ruptured and implanted onto the omentum. Diagnosis was concluded via ultrasound by the demonstration of gestational sac outside the uterus with fetus surrounded by abdominal wall material (bowel). Major concern intraoperatively is to separate the implantation from highly vascularised omentum.