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Ektopos invading left infundibulopelvic ligament: A case report

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ABSTRACT

Introduction: Abdominal pregnancy is considered as a recherche presentation of non-tubal ectopic pregnancy and accounted for about 1-2% of all the ectopic pregnancies. The pregnancy can be implanted at ovaries, cervix, caesarean scars or intra-abdominal structures. Although ultrasound assessment is essential in aiding diagnosis during early pregnancy, this could be challenging in advanced gestational age. **Case Description:** We present a case of term abdominal pregnancy in Cluster Keningau, Sabah involving a 25-year-old lady, currently pregnant with the 1st child of the second union. She has Gestational Diabetes Mellitus. Her 1st ultrasound done at 11 weeks gestation which reported normal findings. Patient was referred for external cephalic version (ECV) in view of breech presentation at term. Further assessment showed an SGA fetus in breech presentation and oligohydramnios. She was scheduled for caesarean section. Upon entering peritoneal cavity there was distortion of normal anatomy noted. Further exploration revealed abdominal pregnancy with the placenta attached to left infundibulopelvic ligament. Post-operatively, both baby and mother were discharged well day 2 post-operation. **Discussion:** Occurrence of abdominal pregnancy is rare especially with the outcome of term lived baby. This case heightened awareness among the practitioners to be vigilant during routine early scan in identifying normal intrauterine pregnancy as timing of diagnosis directly proportional to the possible complications to mother and fetus. In advanced gestational age, involvement of obstetrician to establish diagnosis with accurate evaluation of placenta attachment is crucial in preventing grave consequences. Undeniable, timely accurate diagnosis is imperative though it can be arduous and tricky.

A-056

Primary abdominal pregnancy: A case report

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ABSTRACT

Introduction: Abdominal pregnancy accounts for 0.6-4% of all ectopic pregnancies. Positive diagnosis is usually very difficult to establish due to the delay in case detection and the complexity of management of abdominal pregnancies, thus maternal mortality rate is significantly higher than that of other types of ectopic pregnancies. **Case Description:** A 32-year-old lady, gravida 5 para 4 who was unsure of dates was referred with a day history of abdominal pain but with no vaginal bleeding. Home UPT was positive a week ago prior to presentation. Examination revealed that she was haemodynamically unstable with left-sided abdominal tenderness. Ultrasonography was performed and confirmed diagnosis of abdominal pregnancy. An emergency laparotomy was performed which revealed an intact intraabdominal gestational sac with fetus in-situ and placenta partially adhered to large bowel. Left salpingectomy performed and she was transfused with blood and blood products. Patient recovered well and was discharged day 2 post operation. **Discussion:** Abdominal ectopic pregnancy is undeniably a challenging diagnosis which requires a high suspicion index to minimise maternal mortality and morbidity, thus a full understanding of the topic is mandatory. Ultrasonography continues to be one of the more easily available and reliable method of choice in diagnosing early pregnancy with abdominal ectopic pregnancy. This case fulfils the Studdiford criteria.