

Advanced abdominal pregnancy: A preventable near miss

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ABSTRACT

Introduction: Abdominal pregnancy is a rare ectopic pregnancy in which an embryo implants within the abdominal cavity but outside of the reproductive organs. It represents 1% of ectopic pregnancies with an incidence between 1:10,000 to 1:30,000 pregnancies. Abdominal pregnancy is the only form of ectopic pregnancy that can result in the delivery of a viable newborn. **Case Description:** We report a case of advanced abdominal pregnancy in an otherwise asymptomatic patient at 34 weeks of gestation. MRI confirmed an abdominal pregnancy and an extrauterine placenta, which was implanted mainly at the uterine fundus with serosal-myometrium interface breach. The main blood supply was from the bilateral internal iliac arteries. Patient underwent midline laparotomy, delivery of baby and hysterectomy at 35 weeks of gestation. Bilateral internal iliac balloon occlusion was inflated to reduce intraoperative bleeding. A live newborn was delivered with a birth weight of 2280 g. Post-operatively, the patient developed a complication of right external iliac artery thrombosis secondary to femoral catheter insertion, in which an aspiration thrombectomy was performed. On day seven post-surgery, the patient was discharged well with no neurological deficit in the lower limbs. **Discussion:** A High index of suspicion is crucial in diagnosing abdominal pregnancy. Features including an empty uterus with gestational sac separated from uterus, adnexa and ovaries; absence of myometrium between the fetus and maternal abdominal wall or urinary bladder; placenta location out of uterine confines as well as wide mobility fluctuation of gestational sac evident with transvaginal probe pressure towards pouch of Douglas are suggestive of abdominal pregnancy. Late detection is associated with a high rate of maternal and fetal mortality and morbidity.