A Case Study

Extra Uterine Pregnancy—Full Term with Living Baby

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P was admitted to the hospital on completion of 9-months pregnancy. She complainted of excessive foetal movements. P was a registered case but extra uterine pregnancy could not be detected during abdominal palpation. She had no complaint of any sort, no abnormal bleeding or pain. She first attended ante-natal O.P.D. a fortnight ago and subsequently visited twice with an interval of five days.

General & Obstetric History :

P was healthy and well-built. Her abdominal look was pendulus, pulse 86 per minute and B.P. 120/80 mm of Hg. Hb. was 8.5 grms. External measurements were normal. Baby's position was transverse.

On abdominal palpation foetal parts were easily felt. It was typical like rupture of uterus where foetal parts are felt close to the abdominal wall. Patient was given nothing by mouth since admission. Foetal Heart sounds were 120 per minute and clearly heard.

Since the patient was primi para and with transverse presentation and exessive foetal movements Doctor on emergency duty was informed who advised that the patient be prepared for lower segment ceasarian section.

The patient's husband was kept informed and necessary consent was taken. Blood for grouping and crossmatching was sent. I.V. 5% glucose started.

Premedication : Atropine 0.6 mgms. given half an hour before operation. Bladder emptied, local preparation was done. Patient was taken to operation theatre.

Anaesthesia : The patient was given sitting position with head bent forward and spinal anaesthesia was given.

Operation : P was given recumbunt position. Linen arranged on the patient and operation towels were drapped and local painting done. Towels fixed with towel clips. Incision below umbilicus about 12 cm. was taken. Bleeding points were caught and ligated. Abdomen was opened layer by layer. A sac was found with large blue coloured swelling after opening the peritoneum. This sac contained the foetus and placenta which was palpated in order to detect exact condition in the sac. While handling membrane ruptured ligour was drained and boby was extracted. Baby (female) weighing 2 Kg. and 400 gms. was quite normal and had healthy look.

Placenta was attached to the fallopian tube and ovary on left side. Tube had ruputured, placenta had the cord inserting from one side. This pregnancy was tubal pregnancy or extra uterine pregnancy.

Left tube with part of broad ligament and left ovary was resected. Uterus was found little enlarged about 12 weeks size but was normal. Throughout the operation patient's condition was good. Abdomen closed in layers, skin cleaned with spirit, suture line covered with dry dressing and strapped with lucoplast sterile pad and "T" bandage.

Post Operation Care : P was transferred to the post-operative ward one hour after the operation.

Pulse—90 per minute, Respiration—22 per minute, B.P.—11/80 mm of Hg.

The patient was kept in bed with foot end raised. T.P.R. was taken half hrly. At 6 p.m. patient passed urine on her own—quantity 150 ml. (5 ozs.) Back attended 4 hrly. Every care was given. After 7 p.m. head end kept raised. Condition was good throughout. Injection Morphia 15 mgm. was given at 10 p.m.

First day : I.V. 5% Glucose and saline was continued. Sips of water was given by mouth in the evening.

Second day : The patient was given low soap water enema with good result. Liquid was started on the 3rd day.

Third day : The patient's and the baby's condition was good. Light diet continued for the mother

Fourth day : Full diet was given. Strepto penicilline 1 bulb o.d. was continued for 5 days.

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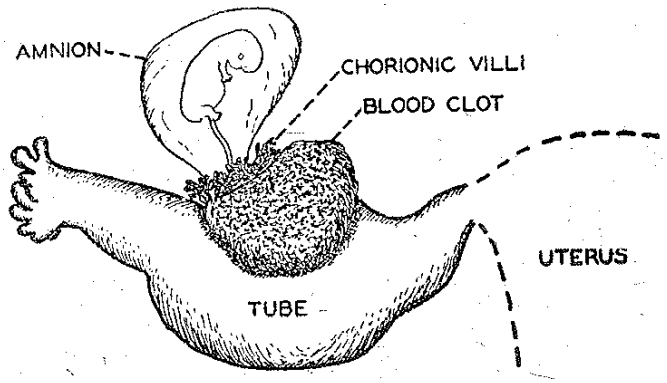

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