

CASE REPORT

Primary Abdominal Pregnancy

by

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IN the vast majority of cases, extra-uterine pregnancy results from the nidation of a fertilized ovum in some portion of the Fallopian tube. Thus such a nidation into the tube appears to be due to a delay of 8 to 9 days in the transit of a fertilized ovum to the uterine cavity. This delay may be due to chronic salpingitis or to some unknown factor.

Should the ovum expelled from the follicle, become fertilized and develop over a period of 8 to 9 days without being captured by the fimbriated extremity of the tube, it seems most likely, according to Studdiford (1942), that nidation will take place in any tissue regardless of its origin with which the blastocyst is in contact, with the exception of the germinal epithelium of the ovary, such tissue must be either visceral or parietal peritoneum. Such a pregnancy must have the following criteria (1) that both tubes and ovaries are normal with no evidence of recent or old damage, (2) the absence of utero-peritoneal fistula, and (3) the presence of a pregnancy related exclusively to the peritoneal surface.

Some authorities believe that primary abdominal pregnancies are rare although there are well authenticated reports of such cases in the literature.

Case Note

Mrs. S. D. aged 32 years, was admitted to the Gynaecological Dept. of D.M.C. Hospital with the chief complaint of swelling and pain in abdomen for the last 15 months.

Menstrual History

Prior to her present condition, she was menstruating regularly after her last child birth. She had her last menstrual period 15 months ago.

Obstetrical History

She was para 2. Both full term normal deliveries. Her last child was 2 years old.

History of present illness

Following amenorrhoea, the patient noticed all the symptoms and signs of pregnancy. Approximately at about the period of nine months from the date of her period, she experienced labour pains. Curiously enough this pain subsided completely without the child birth. After this episode the foetal movements and the size of abdominal swelling diminished gradually to some extent.

General Conditions

General examination showed a woman in child bearing period, fairly good health with a moderate degree of anaemia. Her pulse and blood pressure were within normal limits.

Physical Examination

The patient had an abdominal swelling 8" x 6" situated below the umbilicus. Foetal parts were not felt. Foetal heart could not be auscultated. Vaginal examination revealed that the uterus was retroverted and normal in size.

Diagnosis

A provisional diagnosis of lithopaedian resulting from the death of the foetus of an extra-uterine pregnancy was made.

X Ray

X-Ray of the abdomen confirmed the diagnosis of a lithopaedian. Subsequently hystero-salpingogram was done which outlined the uterine cavity only partially.

Laboratory Findings

The white blood count showed 7,500 with 72% polymorphonuclear leucocytes. The haemoglobin 62%. Urine examination : normal.

Laparotomy Findings

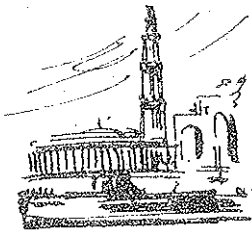
On improving the blood condition of the patient, the abdomen was opened by sub-umbilical midline incision, under general anaesthesia. A dead foetus contained in the gestation sac which was attached to the visceral peritoneum of the Pouch of Douglas, was seen. It was removed easily. The uterus, both tubes and ovaries were found to be healthy, without any evidence of either recent or remote injury. Hence it was thought to be a case of primary peritoneal pregnancy. The abdomen was closed and the patient returned to the ward. She had an uneventful recovery.

Specimen

A male foetus, weight 4 lbs. 2 ozs. It was 16" in length. Thus from the period of gestation, the weight and length, it was considered to be almost a full term foetus.

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NEWS from the STATES



Delhi State Branch Annual Conference

The Eleventh Annual Conference was held on December 9 at the Irwin Hospital, Nurses Hostel.

The President, Miss G.L. Sundri, presided.

Over 200 members responded to the roll call.

Miss B.G. Dawson's address of welcome was largely an appeal for better development of *esprit de corps* among all nurses; the need for greater understanding and appreciation of each others work, and the need for unity of thought and action to improve the nursing service.

Professor Humayun Kabir, Union Minister for Scientific Research and Cultural Affairs, inaugurated the Conference. He emphasised the need for higher level nursing education.

The President reviewed the Branch activities for the year and the Secretary, Miss M.P. Masih, supplied the details.

The interim Treasurer, Mrs. Ratra presented the financial statement of 1961; and the budget for 1962 following which a lively discussion took place. One new item in the budget is the 'Programme Development' for which Rs. 1000 is allotted. Rs. 500 for Education and Rs. 4,500 for various donations are the major items.

Elections :

Branch Secretary : Miss Hyder Ali

Treasurer : Mrs. Ratra.

Programme Chairman : Miss L. Kabir

Branch Reporter : Kumari Lakshmi Devi.

Delegates were privileged to have Col. Barkat Narain, Adviser in Health-Community Development and Co-operation, speak on *Community Development*.

Col. Barkat Narain is a speaker that quickly convinces his audience of his own enthusiasm and dedication to the promotion of health and general well-being for the people of India. He believes that people must willingly participate in the various projects for effective community development. He emphasised the vital role of women in ensuring the success of the projects and cited instances of the village women's understanding of the Government's aims.

The final item on the programme was the Inter-hospital Badminton Tournament, and Tea.

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The Student Nurses Association of Delhi held their annual Conference on December 2, with a good attendance of members representing all schools of nursing in the City.



POLSON'S BUTTER

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Comments

Since all the symptoms and signs of normal pregnancy were present, there was no occasion for the patient to suspect any abnormality with her pregnancy until she had labour pains without its expected outcome.

These findings give rise to the question as to how this pregnancy occurred in the location described. The criteria of primary abdominal pregnancy have already been described. In this particular case also the uterus, both tubes and ovaries were found to be healthy. Even then the possibility that the site of the pregnancy might have resulted from secondary implantation after early extrusion of the ovum from a primary fimbrial nidation, is admitted; but there is no history of any acute abdominal attack which is usually associated with the disturbance of extra-uterine pregnancy. Thus this case seems to represent a true primary peritoneal pregnancy.

Summary and conclusion

A rare case of full term primary abdominal pregnancy with convincing evidences has been described. It was proved on the criteria described in the literature.