An Unusual Pregnancy

A Karen woman aged 32 was admitted to the Kugler Hospital, Guntur, on December 17th 1946, with a history of 9 months pregnancy. She was a second para. She had her first delivery normally about 16 years ago, but the baby died after its birth.

On admission her chief complaints were loss of appetite, abdominal pain, feeling of heaviness even with a morsel of food, tightness and distension especially in the epigastric region. She had developed these symptoms two weeks before her admission, but on admission her general condition was good in spite of them. T.P.R. were normal and her haemoglobin was 65%. We thought that she was in labour which she might not have realised due to the long interval between the first and second pregnancy.

Abdominal palpation was done which gave us no clue where the head or breach were.

The abdomen was tender and distended. The height of the fundus was not felt and suspicion arose that it was something abnormal. F.H. was audible and good and foetal parts superficial. In order to get a better diagnosis, the doctor did a vaginal examination and found that the cervix was admitting one finger and it was soft, so doctor suspected that it was a case of extra uterine pregnancy.

Later on the Patient gave us a history that when she was 3 months pregnant for the second time, she had sudden abdominal pain which radiated to the right iliac fossa.

Since she was in a village where there was no hospital, she went to a private doctor in her village and got herself treated. With that treatment she was a bit better but was having pain till the 9th month, though it was not so severe as the first pain, so she was kept in the hospital for observation. Day by day her symptoms were becoming worse. Two days after the first P.V the doctor did another P.V, and decided that it could be an abdominal pregnancy due to the rupture of one of the Fallopian tubes or ovaries. As the abdominal distension was more prominent than her other symptoms, a stomach wash was given which gave her no relief.

Since there was no way for the baby to come out, doctor decided to do a Laparotomy to try to save her. Her relatives were called and informed about it. The day was fixed for the operation and the abdomen was opened under chloroform.

When the peritoneal cavity was opened, the amniotic fluid rushed like a fountain, meconium-stained, and the baby was right under that layer, so an opening was made big enough to take out the baby from the peritoneal cavity. Whilst trying to remove the baby, they found that one leg, one hand and the placenta were in the uterus through the fundus and the rest of the baby in the peritoneal cavity. A boy baby was extracted, asphyxiated but alive, but the patient began to bleed profusely.

The doctors tried to find the cause of the bleeding and to their astonishment, found that the walls of the fundus were ragged due to the rupture and there were many adhesions around the uterus. Also it was adherent to some of the abdominal organs, the stomach, intestines and diaphragm. The doctors tried to do a Hystereotomy but there were too many adhesions and the patient's
condition was not satisfactory. The patient was given infusions and i. v. glucose and heart stimulants. As the patient's condition was getting worse, the abdomen was closed and the patient moved into the emergency room where she died two hours later.

We all wondered how the rupture had taken place, how the patient had escaped from the terrible bleeding, for there was no blood in the abdominal cavity when it was opened, and how she had survived until the 9th month without showing signs and symptoms of internal haemorrhage and rupture of the Uterus.

The doctors thought it might have been due to many adhesions around the Uterus preventing its expansion as the baby grew inside, and thus it ruptured gradually as the baby grew, and the baby had escaped into the abdominal cavity and grew there till the 9th month, getting its nourishment from the Mother by the placentas in the Uterus.

The shape of the Baby's head was peculiar, due to pressure of the abdominal organs, and the baby was asphyxiated. After treatment for this, he was alive for two weeks and died of haemorrhagic spots all over the body and bleeding through the nose, mouth and cord.

Miss Alice Mary, Sister Tutor.
Kugler Hospital, Guntur.

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