



Advanced Abdominal Pregnancy with Live Fetus in a Grand Multigravida: A Case Report from Gwadabawa, Sokoto State

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Abstract

Background: Advanced abdominal pregnancy is a rare and life-threatening form of ectopic pregnancy where the fetus develops in the peritoneal cavity outside the uterus. The condition poses significant risks to both the mother and fetus, including severe hemorrhage, organ damage, and fetal demise.

Case Report: We report the case of a 36-year-old grand multigravida (Gravida 11, Para 10) who presented with severe abdominal pain, vaginal bleeding, and a history of amenorrhea for six months. The initial diagnosis suggested a missed abortion complicated by severe anemia and pre-eclampsia. However, further investigation revealed an advanced abdominal pregnancy with a live fetus in the peritoneal cavity. The pregnancy was managed surgically, resulting in the delivery of a live male fetus who unfortunately died shortly after birth. The placenta was attached to the right cornua and was carefully removed. The mother made a full recovery and was discharged on the fourth postoperative day.

Conclusion: This case highlights the importance of considering abdominal pregnancy in cases of advanced gestation with atypical presentations. Early diagnosis and appropriate surgical management are crucial for improving maternal outcomes.

Introduction

Abdominal pregnancy is a rare and dangerous form of ectopic pregnancy, accounting for approximately 1% of all ectopic pregnancies. It occurs when a fertilized egg implants within the peritoneal cavity rather than the uterus. This condition is associated with high maternal and perinatal mortality rates due to complications such as hemorrhage, bowel obstruction, and sepsis [1-3].

This report details the clinical course, diagnostic challenges, and surgical management of an advanced abdominal pregnancy in a 36-year-old grand multigravida, emphasizing the importance of early recognition and intervention in such cases [4-9].

Case Presentation

Patient information

- Name: Lubabatu Aminu
- Age: 36 years
- Gravida: 11 (G11)
- Para: 10 (P10)
- Residence: Gwadabawa Local Government, Sokoto State

Presenting complaints

- Per Vaginal (PV) bleeding
- Severe lower abdominal pain
- Significant weight loss
- History of amenorrhea for 6 months

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Received Date: 30 Aug 2024
Accepted Date: 13 Sep 2024
Published Date: 18 Sep 2024

Citation:

Abdulrahman MM, Hassan L, Olatunji GL, Umar H. Advanced Abdominal Pregnancy with Live Fetus in a Grand Multigravida: A Case Report from Gwadabawa, Sokoto State. Clin Case Rep Int. 2024; 8: 1702.

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Clinical examination

- General Condition: Pale, cachectic, and icteric; no signs of cyanosis; mild pedal edema noted
- Vital Signs: Blood Pressure: 150/110 mmHg

Urinalysis

- Proteinuria: 2+

Hematology

- Packed Cell Volume (PCV): 18%

Investigations

Initial Ultrasound (USS):

- Absent fetal heart rate with undefined fetal parts

Initial Diagnosis:

- Missed abortion, complicated by severe anemia and background pre-eclampsia at 25 weeks' gestation in a grand multigravida

Management

Initial management:

- Cervical Ripening: Misoprostol 25 mcg was administered for cervical ripening. Multiple doses were given, but the cervix failed to dilate.

Referral and Further investigation

- Referral to Higher Center: A referral was suggested for further evaluation due to the lack of progress and the need for advanced care. However, the patient declined to go to a tertiary center.
- Expert Ultrasound Findings: A detailed ultrasound scan revealed an advanced abdominal pregnancy with a live fetus within the peritoneal cavity. The placenta was attached to the right cornua and parts of the omentum.

Revised diagnosis

- Advanced abdominal pregnancy with a live fetus, complicated by severe anemia and background pre-eclampsia.

Surgical management

- **Preoperative preparation:** Anemia was corrected with blood transfusions. Four units of blood were grouped and reserved for surgery.
- **Surgical procedure:** An exploratory laparotomy was performed, revealing a live male fetus floating in the peritoneal cavity. The umbilical cord was double-clamped and cut, but the baby unfortunately died immediately after delivery. The placenta, attached to the right cornua and omentum, was carefully removed. Hemostasis was achieved using Vicryl 2 sutures in two layers.
- **Postoperative care:** The patient's PCV improved to 32% postoperatively. She had an uneventful recovery and was discharged 4 days after surgery in stable condition.

Discussion

This case illustrates the challenges of managing advanced abdominal pregnancy in a resource-limited setting. The complexity of the case was compounded by the patient's refusal to seek care at a higher-level facility, requiring the surgical team to manage this rare and dangerous condition at a lower-level center. Despite these

challenges, the team successfully managed the condition, although the fetus could not be saved.

This case underscores the importance of early detection and the need for advanced imaging techniques in suspected cases of ectopic pregnancy. It also highlights the resilience and skill of the healthcare team in managing such complex cases in challenging environments [10-18].

Conclusion

The importance of considering abdominal pregnancy in cases of advanced gestation with atypical presentations cannot be overstated. Early diagnosis and appropriate surgical management are crucial for improving maternal outcomes.

Acknowledgment

We would like to acknowledge the Sokoto State Hospital Service Management Board for their support in managing this case.

Funding

This work was supported by the Sokoto State Hospital Service Management Board.

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