

Term Abdominal Pregnancy; Management Approach of a Term Abdominal Pregnancy Case Report at Mama Lucy Kibaki Hospital, Nairobi Kenya

Dr. Juma Wafula¹
Department of Reproductive Health

Dr. Joan Kimani²
Duke Global Health Institute

Abstract:-

➤ **Background:**

Abdominal pregnancy is an exceptional type of pregnancy, happening in 1:10,000 to 1:30,000 pregnancies culminating to 1.4% of all pregnancies outside the uterus in Kenya. Diagnosis is often challenging to in acute situations, causing an increased percentage of foeto-maternal morbidity and mortality.

➤ **Case:**

In this case report, a 32yr old para 2+0 gravid 3, presenting with a 1-day history of low abdominal pains characteristic of labor. Unsure of her dates, not attended any ANC visits, and was on HAART. History of C/S previous deliveries. Upon examination, fetal movements easily palpable, fundal height at term and the cervical OS was closed. A Diagnosis of uterine rupture was made. Obstetric ultrasound revealed an Intra –abdominal pregnancy with uterine rupture as a differential diagnosis.

I. INTRODUCTION

➤ **Interventions**

A dx of Uterine Rupture was made and patient scheduled for Emergency laparotomy. Theatre was busy, Pt Rushed to U/S that revealed an Intra- Abdominal Pregnancy. Blood grouping and crossmatch done in preparation for possible PPH.

➤ **Outcomes**

A normal non-gravid uterus found with gestational sac attachment to the greater omentum and left fallopian tube. A full-term Live Female Infant extracted from the gestational sac, scored 8, 9,10 with a birth weight 3.1kg. Old MSL 3 noted. Baby with valgus deformity of the feet. The right adnexae was normal.

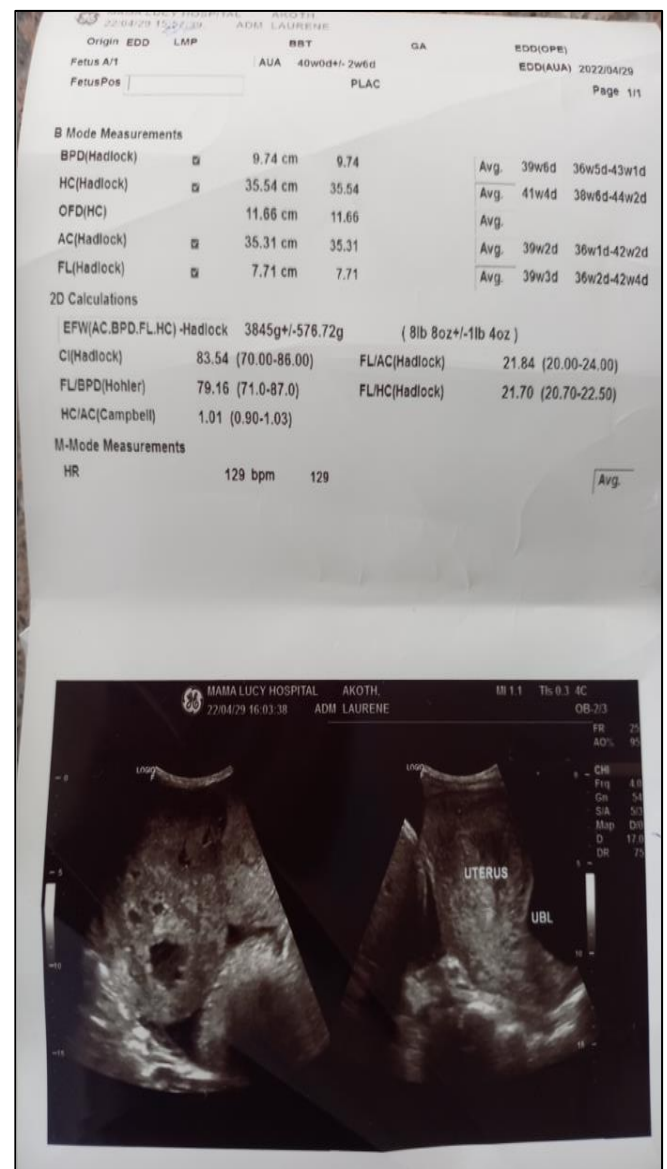


Fig 1 Empty Uterus

II. DISCUSSION

This case report underscores several key aspects of abdominal ectopic pregnancies and provides insights into the management strategies that can improve outcomes.

➤ *Diagnostic Challenges*

Diagnosis of abdominal pregnancy is difficult, often detected in advanced stages. In this case, the patient presented with symptoms mimicking a uterine rupture. The initial clinical diagnosis of uterine rupture underscores the complexity and overlap in symptoms between abdominal pregnancy and other obstetric emergencies. In this case, the importance of having abdominal pregnancy as a differential diagnosis when intrauterine pregnancy complications are inconclusive is highlighted.

➤ *Role of Imaging*

Obstetric ultrasound played an important role in altering the initial diagnosis from uterine rupture to intra-abdominal pregnancy. Imaging techniques such as MRI or diagnostic laparoscopy often provide definitive diagnosis when ultrasound findings are insufficient due to limitations in visualizing gestational sacs in the extrauterine space. Suggestive physical examination and the use of multiple diagnostic modalities is required in suspected cases of abdominal pregnancy.

➤ *Surgical Management*

The emergency laparotomy executed confirmed the diagnosis of pregnancy in the abdomen. The extraction of a live infant with minimal immediate complications was a significant positive outcome. However, a potential long-term complication associated with abdominal pregnancies such as valgus deformity was observed

III. CONCLUSION

Most of the Abdominal pregnancies present late due to non-compliance to the ANC visits. Obstetric or abdominal U/S may show lack of uterine wall between the fetus and the urinary bladder. Diagnostic Laparoscopy or MRI is used when abdominal or trans vaginal U/S is inconclusive. Generally, non- viable pregnancies, immediate Emergency laparotomy, Viable pregnancies are monitored closely.

ACKNOWLEDGMENT

➤ *Dr. Gideon Mutua*

- Nairobi City County Government- County Gynecologist

➤ *Dr. Zavery Rasheeda*

- Head of Department – ObsGyn Mama Lucy Kibaki Hospital, Nairobi

➤ *Dr. Chris Mugambi*

- Obstetrician and Gynecologist Pumwani Maternity Hospital, Nairobi

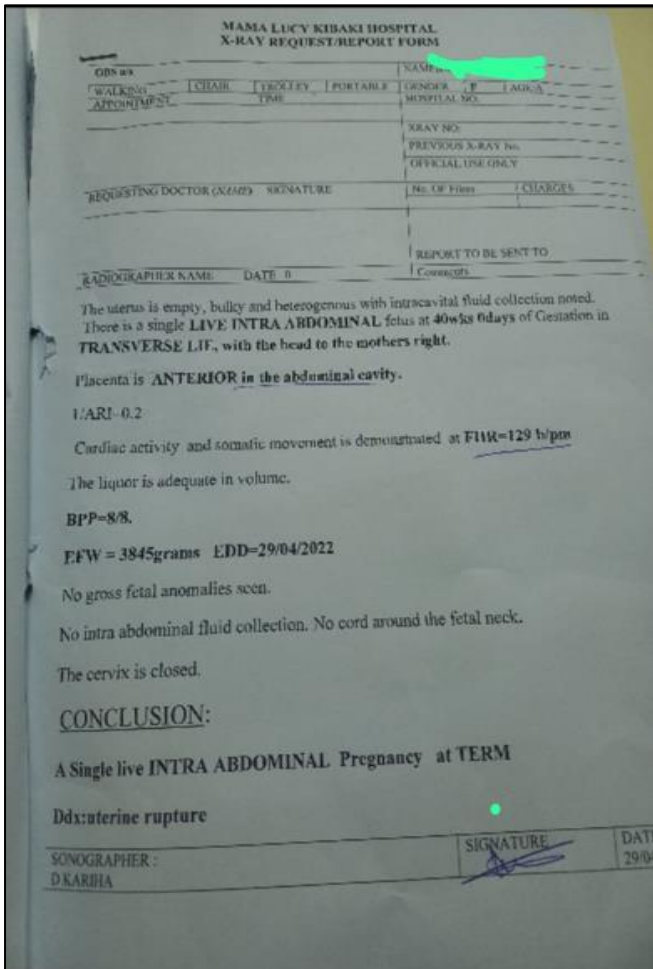


Fig 2 Ultrasound Report



Fig 3 Amniotic Sac with its Omental Attachment

REFERENCES

- [1]. Atrash, H. K., Friede, A., & Hogue, C. J. (1987). Abdominal pregnancy in the United States: frequency and maternal mortality. *Obstetrics and gynecology*, 69(3 Pt 1), 333–337.
- [2]. Bouyer, J., Coste, J., Fernandez, H., Pouly, J. L., & Job-Spira, N. (2002). Sites of ectopic pregnancy: a 10 year population-based study of 1800 cases. *Human reproduction (Oxford, England)*, 17(12), 3224–3230. <https://doi.org/10.1093/humrep/17.12.3224>
- [3]. Dahab, A. A., Aburass, R., Shawkat, W., Babgi, R., Essa, O., & Mujallid, R. H. (2011). Full-term extrauterine abdominal pregnancy: a case report. *Journal of medical case reports*, 5, 531. <https://doi.org/10.1186/1752-1947-5-531>
- [4]. Poole, A., & Haas, D. (2018). Abdominal pregnancy. In StatPearls. StatPearls Publishing. Retrieved from <https://www.statpearls.com/ArticleLibrary/viewarticle/133>
- [5]. Nemat AbdulRahman AbdulJabbar, Saquib, S., & Mohammed Talha, W. E. (2018). Successful Management of Abdominal Pregnancy: Two Case Reports. *Oman medical journal*, 33(2), 171–175. <https://doi.org/10.5001/omj.2018.32>
- [6]. Siati, A., Berrada, T., Baidada, A., & Kharbach, A. (2019). Abdominal pregnancy with a healthy newborn: a new case. *The Pan African medical journal*, 34, 35. <https://doi.org/10.11604/pamj.2019.34.35.20169>