

SURGICAL AND MEDICAL MANAGEMENT OF A SECONDARY ABDOMINAL PREGNANCY – A CASE REPORT OF A PREGNANCY IN THE POSTERIOR CUL-DE-SAC

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Abstract

Abdominal pregnancy is a rare form of ectopic pregnancy, defined as implantation of the zygote in the peri-toneal cavity. Most abdominal pregnancies follow early tubal rupture or abortion with re-implantation. It accounts for approximately 1% of all ectopic pregnancies, occasionally 1 in 2200 to 1 in 10,000 pregnancies. Worldwide, few cases were reported. In the Philippines, few cases were already recorded but no national statistical data were available up to this date. Likewise, this was the first ever case of abdominal pregnancy seen and managed in our institution. This case report aims to present case of an abdominal pregnancy managed surgically and medically. A case of a 39-year-old, Filipina, from General Santos City, Philippines who was initially seen in our institution on her 17th week age of gestation with a chief complaint of gradual abdominal enlargement. This was associated with abdominal pain, weight loss, difficulty in urination and defecation. Diagnosis of this case is based on ultrasonography and MRI. Serum beta hCG were also determined. She underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy and removal of products of conception. Approximately 50% of the placenta were left in situ and was managed with a single dose of Methotrexate intramuscular injection. Levels of serum beta hCG were serially monitored and has significantly declined from the baseline level. Post-operatively, she was hemodynamically stable and was unremarkable on her subsequent visits. Because of the rarity of abdominal pregnancies, there were no standard protocols and guidelines available. This case may possibly provide the obstetricians knowledge regarding the management of such cases in the future.



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