Advanced Abdominal Pregnancy with a Viable Baby

Kohinoor Ahmed FCPS (Gynae & Obs),Asst Prof, DMC,Bangladesh Ahmed Sami-Al-Hasan, FCPS(Surgery),MRCS, Consultant(Surgery),KGH,Bangladesh

An advanced abdominal pregnancy (AAP) resulting in a live birth is extremely rare. AAP is classically defined as a pregnancy that has progressed beyond 20 weeks of gestation in mother's peritoneal cavity, exclusive of tubal, ovarian or broad ligament locations. The Pouch of Douglas (POD) is the most common location of abdominal pregnancy followed by the mesosalpinx and omentum. In many cases complete placental removal is not possible resulting in excessive haemorrhage, relaparotomy with high maternal and fetal mortality. Here we present a 25 years female, para 2(caesarian section)+4 (abortions), 7th gravid presented at 37+ weeks of pregnancy with central placenta previa located within a pseudocapsule at POD invading the large gut, small gut and omentum without any symptoms of gastrointestinal involvement. She was on regular antenatal check up and got admitted for routine caesarian section. Under general anesthesia abdomen was opened with Pfannenstiel incision. It was very difficult to enter into the peritoneal cavity due to dense adhesion with uterus, abdominal wall and urinary bladder. After a very careful adhesinolysis it seemed to be a bicornuate uterus. With an incision made on large cornu, a female baby (2 kg) was delivered by breech extraction. During cord traction large gut with mesentery came out with an accessory lobe (succenturiate placenta). In presence of a general surgeon, placenta was removed with a big cavity surrounded by a thick pseudocapsule. Severe bleeding started from the bed of pseudocapsule which was controlled. Uterus was found to be empty with both fallopian tubes and healthy ovaries. Patient was observed in ICU then HDU for 72

hours, managed conservatively. On 8th POD, she was discharged with a healthy baby. She had seven USG without any possibility of abdominal pregnancy. High index of suspicion, prompt diagnosis and timely intervention is essential to prevent life threatening complications.

Recent Publications (minimum 5)

1. P Baffoe, C Fofie, BN Gandau (2011)Term abdominal pregnancy with healthy newborn: A case report. Ghana Medical Journal 46(2)

2. Jianping Z, Fen L, Qiu S (2008) Full-Term Abdominal Pregnancy. A Case Report and Review of the Literature. Gynecol Obstet Invest 65(2):139-41.

3. Apiradee Pichaichanlert, Vor Luvira, Nakhon Tipsunthonsak (2017) Abdominal Pregnancy in the Small Intestine Presenting as Acute Massive Lower Gastrointestinal Hemorrhage Case Reports in Surgery 2017:1-4

4. Adesiyun AG, Audu AI (2009) Term extrauterine pregnancy in a Nigerian mother: a complication of uterine dehiscence. Arch Gynecol Obstet 279(1):75-77.

5. Masukume G (2014) Live births resulting from advanced abdominal extrauterine pregnancy, a review of cases reported from 2008 to 2013. WebmedCentral OBSTETRICS AND GYNAECOLOGY 5(1):WMC004510

## Biography

Kohinoor Ahmed graduated from Dhaka Medical College, the best medical college in Bangladesh. She completed fellowship in obstetrics and gynaecology from Bangladesh College of Physicians and Surgeons (BCPS). She is now working as assistant professor in Dhaka Medical College (DMC), Dhaka, Bangladesh. She had special training, interest and specialization in infertility.

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