

A successful management of abdominal pregnancy: A rare case report

Abirami K, Tham SW

Department of Obstetrics and Gynaecology, Hospital Melaka, Melaka, Malaysia

ABSTRACT

Introduction: Abdominal pregnancy is a rare, life-threatening condition defined as pregnancy in the peritoneal cavity exclusive of tubal, ovarian, or intra-ligament. It has a significant risk of morbidity and mortality to the mother due to intra-peritoneal haemorrhage. Surgical management is most preferred. However, due to the complexity and size of the mass, a combination of surgical and medical approaches may be considered to minimise the morbidity to the mother. We report a successful management of abdominal pregnancy in our centre. **Case Description:** A 29-year-old Malay lady in her third pregnancy, presented to the emergency department with unstable hypovolaemic shock. Her urine pregnancy test was positive and bedside ultrasound showed an adnexal mass with free fluid in the Pouch of Douglas. A diagnosis of ruptured ectopic pregnancy was made and she underwent an emergency laparotomy. Intra-operatively, there was a fetus at about 15 weeks size and the placenta was adherent in between the rectum and the posterior part of the uterus with a hemoperitoneum of 1500 ml. The placenta was left in-situ and she was managed in ICU. Post-operative, a dose of Methotrexate was given along with antibiotics, and serial MRI of the abdomen and pelvis was done to monitor the regression of the placenta bulk. After 6 months of follow-up in the clinic, the placenta had completely regressed and her last serum β HCG was normal. **Conclusion:** In cases of abdominal pregnancy, multiple approaches of treatment and imaging modalities are required to ensure the success of treatment with the least morbidity to the mother.

PP-02

A case report on Dichorionic Diamniotic (DCDA) twin: Outcome after spontaneous rupture of membrane of twin 1

Absari Anjum, Rukhsana Iqbal

Department of Obstetrics and Gynaecology, Kettering General Hospital, Kettering, Northamptonshire, England

ABSTRACT

Objective: Premature rupture of membrane of Twin 1 in DCDA twin, before 24 weeks, is rare and poses a management dilemma. This is a case of a DCDA twin with pre-viable preterm premature rupture of membrane (PV-PPROM) in Twin 1 and successful prolongation of gestation for Twin 2 until delivery. **Description:** A 36-year-old G3P2 (IVF pregnancies) presented at 20 weeks with spontaneous rupture of membrane. She was vitally stable with no uterine contraction and normal-level inflammatory markers. Speculum examination revealed an open cervical os. The Amnioquick test was positive. Steroids, IV antibiotics, bed rest at Trendelenburg position, and monitoring of inflammatory markers were started as treatment. As CRP was increased, two days following admission, we delivered Twin 1 with signs of life. Unfortunately, the baby passed away after a few minutes of its delivery. The umbilical cord was shortened. As the chance of infection for twin 2 was high, the dilemma was whether we should continue the pregnancy or not, and the possible outcome. With continuous fetal medicine specialist support, special position of patient, intravenous antibiotic until CRP settled, nifedipine as tocolytics, and serial fetal growth scan, at 24 weeks we found the cervical os was closed. At 27 weeks, she delivered the Twin 2 at a tertiary hospital and she went home with the baby. **Discussion:** PV-PPROM is defined as the rupture of membranes prior to 24 weeks, a rare situation with an estimated prevalence of 0.5% of all pregnancies. This condition is even rare in patients with dichorionic diamniotic (DCDA) twin pregnancies with a higher risk of perinatal morbidity and mortality.