

Lithopedion with seven years of evolution: Case Report

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Summary

Lithopedion is derived from the Greek words lithos, meaning stone, and paidion, meaning child. It describes an extrauterine fetus that has become calcified. It requires the presence of a medically undetected extrauterine pregnancy with continued asepsis of the products of conception. Earliest case of a lithopedion was described in 1582. To date 330 cases have been reported in literature. We report the case of a seven year calcified abdominal pregnancy in a woman on follow-up for mental illness. The case brings to light the benefits of thorough history and physical examination.

Case report

A 36 year old para 1+0 woman presented with a seven year history of lower abdominal swelling following a natural conception. She had noticed quickening at around the fifth month and started appreciating fetal movements. She had booked for routine antenatal care. Unfortunately, she did not have a booking or any subsequent ultrasounds done due to financial constraints. Her subsequent antenatal care was inconsistent. She however experienced loss of fetal movements but did not seek any professional advice. She was however conscious of her increasing abdominal girth and this raised curiosity among her peers and relatives.

Her past obstetric and gynecological history was not significant. She was however on follow-up for a psychiatric disorder at a local institution. She was single and still dependant on her mother. When she presented to us she was in good general condition. The abdominal examination revealed a firm mass of approximately 22 weeks gestation, associated with mild abdominal tenderness. The rest of the systemic exam was unremarkable. An abdominal Ultra sound showed an abdominal pregnancy of approximately 28 weeks gestation, with an empty uterus.

Upon obtaining an informed consent, we performed an explorative laparotomy. An extended midline incision was used; omental adhesions onto the anterior abdominal wall were encountered during abdominal entry. Following dissection, a lithopedion adherent onto the omentum, and firmly adherent to the right ovary was

identified (Fig. 1). No separate placental tissue was identified. The uterus, the left ovary and fallopian tubes were normal (Fig. 2). The lithopedion was separated from the omentum, and removed with the adherent ovary (Fig. 3). Further exploration revealed normal abdominal viscera and the abdomen was closed. Postoperative follow up was uneventful. Histopathology of the lithopedion revealed a calcified fetus that weighed 1400 g, at approximately 28 weeks gestation with external features that appeared normal.

Discussion

The diagnosis of lithopedion requires the presence of a medically undetected extrauterine pregnancy with continued asepsis of the products of conception (1). After the earliest descriptive account in 1582, only about 330 cases have been reported in literature to date (1-3). In recent times the occurrence of lithopedion has been reduced by the availability of better prenatal care and imaging techniques that locate a pregnancy, differentiating between intrauterine and extrauterine pregnancies (4). Complications caused by the presence of a lithopedion include: intestinal obstruction(1), pelvic abscess (5) tubal infertility(6) and cephalopelvic disproportion complicating a subsequent uterine pregnancy(7).

In our patient the diagnosis was made 7 years following the pregnancy. Possibly this delayed presentation was occasioned by her mental state (8). It is also possible that this delayed presentation is a manifestation of a lack

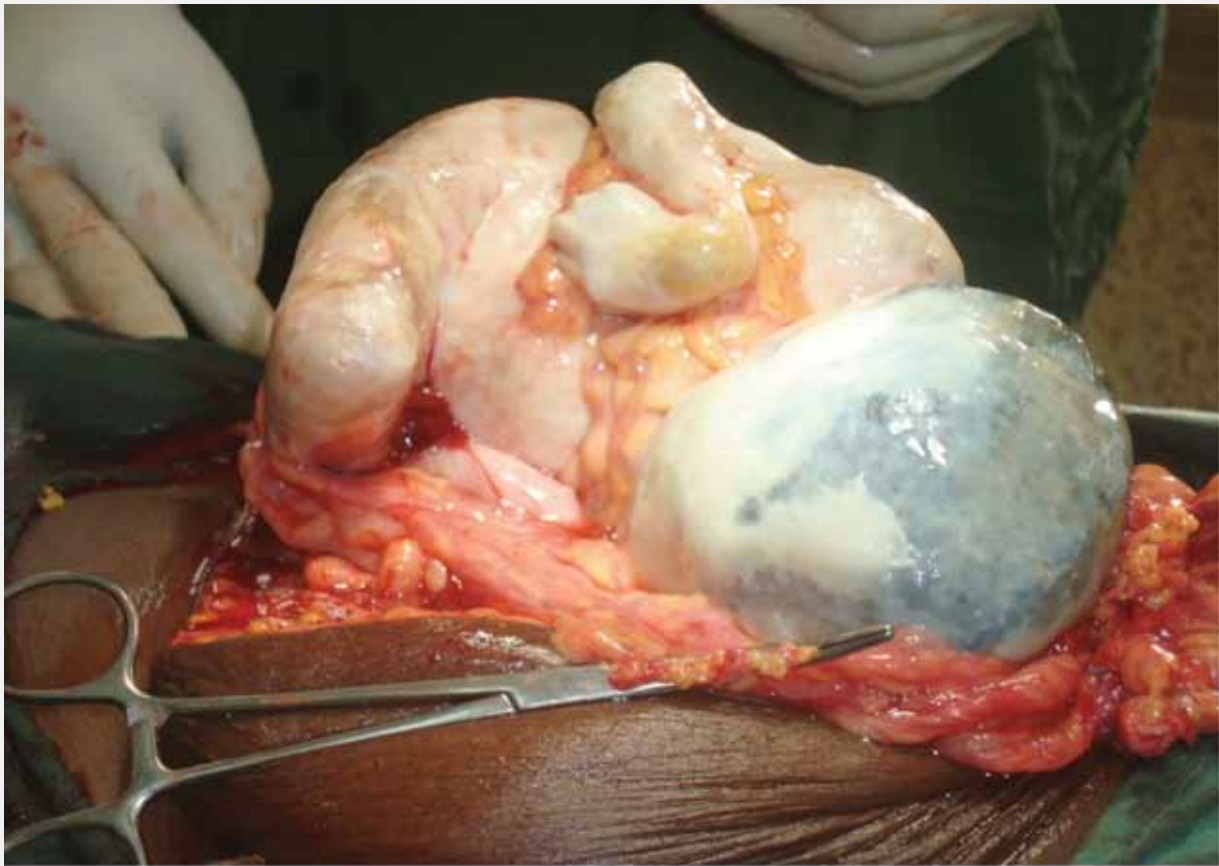


Fig. 1 Lithopedion with adherent omentum

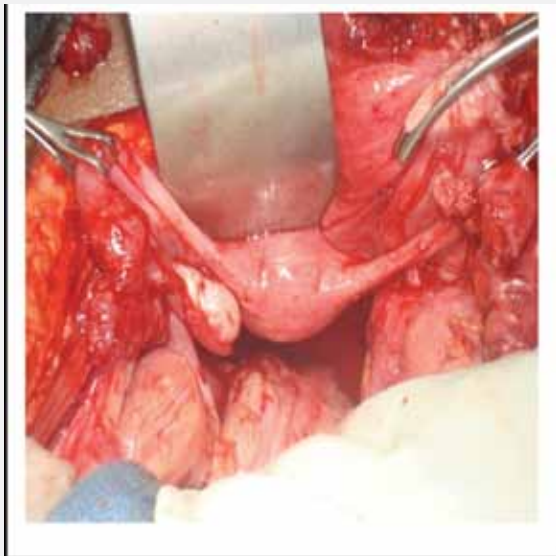


Fig. 2 Uterus, left ovary and fallopian tube visualized post operatively

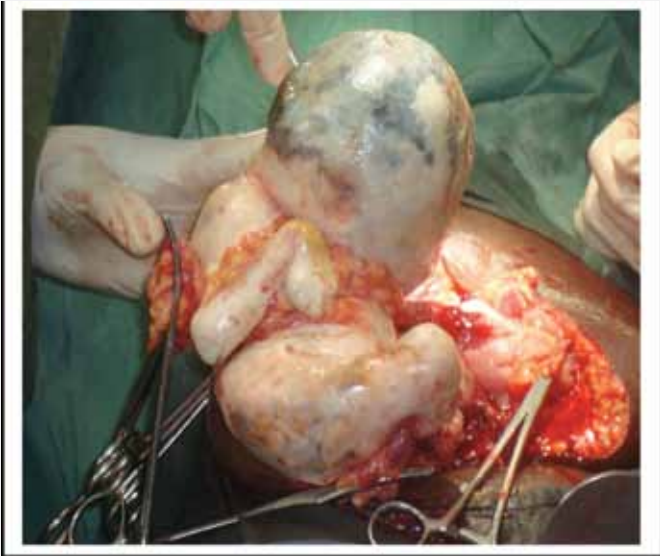


Fig. 3 The lithopedion was separated from the omentum, and removed with the adherent ovary

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of integration between mental health care and medical services for patients in our country. Training and provision of screening, preventive and routine medical services to mental health care providers, may unravel conditions in mental patients meriting earlier medical care (9, 10).

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