

# CO-EXISTING INTRA-UTERINE AND EXTRA-UTERINE PREGNANCIES

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Amongst the most unusual occurrences in obstetric practice is the co-existence of intra-uterine and extra-uterine pregnancies. Advanced extra-uterine pregnancy is a very rare occurrence; its combination with an intra-uterine pregnancy proceeding to normal delivery is so rare that very few cases have been recorded in the world literature. It is felt that an addition of such a case is worthy of recording.

A Bantu female aged 36 years was seen on 10 September 1955, complaining of abdominal swelling and general weakness. Some 6 weeks before she had given birth to a normal full-term live infant without any undue difficulty. The patient was a para 4 with 2 stillbirths.

She was pale and ill-looking, the abdomen was

markedly distended, and considerable oedema was present in the lower limbs. Examination of the abdomen showed the presence of fluid. The blood pressure was 110/80 mm. Hg and the temperature was 100° F.

On admission to hospital, paracentesis abdominis was performed, when 4 pints of chocolate-coloured purulent fluid was removed. After paracentesis a large, freely-mobile tumour could be felt in the upper abdomen to the left of the mid-line and extending up to the costal margin.

Although a definite diagnosis was not made, a laparotomy was decided upon and performed on 16 September. The abdomen was opened through a left upper paramedian incision, and a fully formed placenta, matted together with omentum, presented itself. Closely

associated with the placenta was a sac which occupied the anterior portion of the abdominal cavity. This contained a macerated male foetus weighing  $2\frac{1}{2}$  lb. and measuring 10 inches in length. The cord was severed as near to the placenta as possible and the foetus was removed, the placenta being left *in situ*. The abdomen

was closed in layers, after corrugated drainage tubes had been inserted down to the sac.

The patient made an uneventful recovery, although drainage continued through a sinus tract which eventually was completely closed by 8 October 1955, when the patient was discharged from hospital.