EXTRA-UTERINE PREGNANCY: A CASE REPORT

MERWYN GOLDBLATT, M.B., CH.B. (CAPE TOWN), *Upington*

Full-term extra-uterine pregnancy is a rare occurrence; the successful delivery of a live foetus is rarer still, various published series putting the foetal death-rate between 50% and 70%. A case of full-term extra-uterine pregnancy, successfully terminated by laparotomy with delivery of a live foetus, is presented.

The patient M.D., a Coloured female aged 40 years, was admitted to the Gordonia Hospital on 6 August 1958. She was complaining of severe abdominal pain around the umbilical region since the previous evening, and said that the pain was continuous in character and quite unlike labour pains. There had been no pain in the back and no radiation away from the umbilical region. The pain was very severe and had precluded any sleep the previous night. She had not noticed a bloody show or any other discharge.

She said her last menstrual period was during October 1957, but was not sure of the exact date. She thought she was now at term. Until the onset of the abdominal pain she had experienced a perfectly normal pregnancy, during which she had noticed no undue symptoms. I had seen her only once antenatally, 2 months before admission, but no notes had been kept and I can only recall that nothing abnormal was noted at the time.

Past Obstetrical History. There had been 2 previous live births and no abortions, stillbirths or neonatal deaths. The youngest of the patient's 2 children was 6 years old. Both previous confinements had been perfectly normal. There was nothing of note in her past history and her menstrual history was quite normal. She had never suffered from pelvic infection.

Clinical Examination

The patient was a thin Coloured woman, obviously in severe pain. Clinically she did not appear to be shocked. Pulse 80 beats per minute, full and regular. Blood pressure 120/80 mm. Hg. There was no sweating, coldness of the extremities or pallor of the mucous membranes. Temperature 97·6°F. Nothing abnormal found in the cardiovascular and respiratory systems.

On abdominal palpation marked tenderness and guarding of the anterior abdominal wall were observed. The tenderness was at its greatest around the umbilicus and in the mid-line down to the symphysis pubi. Despite the marked degree of guarding, the foetal parts were very prominent. These gave the impression of lying just below the abdominal wall with no uterine wall intervening. Though the vertex of the foetus was presenting, the head was riding high over the pelvis and was quite mobile. Foetal movements were very markedly visible despite the guarding of the abdominal wall. The foetal heart was clearly audible.

On pelvic examination the cervix was felt to be soft but tightly closed, not even admitting the tip of a finger, even though at this stage the patient had been having abdominal pains for 12 hours. A hard mass, the shape of a uterus, was felt through the left fornix. On movement of the cervix this mass was felt to move too. On bimanual examination the foetus was felt to be lying outside the uterus. When the hand was withdrawn a slight blood-stained discharge was seen on the gloved finger.

Diagnosis

The differential diagnosis was considered between an extra-uterine pregnancy and a slow rupture of the uterus. A diagnosis of extra-uterine pregnancy was made for the following reasons:

1. The presence of the mass resembling a uterus felt through the left fornix.
2. The absence of any signs of shock indicating uterine rupture.
3. The absence of any previous Caesarean section or other operation on the uterus, or of any evidence of pelvic contracture with severe labour pains which could have caused uterine rupture.
4. The presence of a clearly audible foetal heart.

Treatment

The patient was prepared for abdominal operation. Premedication was given consisting of 1/50 gr. of atropine. Anaesthesia was introduced with ethyl chloride and continued with ether *via* an open mask. It was remarkable how the foetal parts now bulged out the relaxed abdominal wall of the mother.

A mid-line, sub-umbilical incision was made, and on opening the peritoneum, the green-stained amniotic sac was clearly seen, filling the abdominal cavity. The foetus was moving freely within the sac. The sac was then opened and a live male infant rapidly and easily delivered. No resuscitation was required.

The placenta and membranes were attached to bowel, omentum and peritoneum and covered the anterior and lateral abdominal walls, bladder and right adnexae. The pregnancy had ruptured through and arisen from the right adnexa. The placenta and membranes were removed practically *in toto* and with fair ease, once a plane of cleavage was found. A right salpingectomy was performed. The uterus was found situated in the left of the pelvis where it had been felt through the left fornix on pelvic examination.

A tube drain was inserted into the right pouch of Douglas through a separate stab incision. The abdomen was closed in layers after haemostasis had been secured. The tube drain was removed on the 5th post-operative day.

The post-operative course was quite uneventful, the patient being discharged 10 days after the operation.

The infant weighed 7 lb. 8 oz. at birth and was perfectly formed, with no congenital abnormalities. Breast feeding was normally commenced and maintained.

SUMMARY

A case of full-term extra-uterine pregnancy is presented, the clinical findings suggesting the diagnosis are discussed, and the treatment and operative findings are presented.