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Advanced abdominal pregnancy at 32 weeks: ultrasound-guided planned surgical management in a low-resource setting in Lilongwe, Malawi

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Introduction

- Rare form of ectopic fetal implantation in the peritoneal cavity
- Incidence 1:10,000 pregnancies
- Associated with higher maternal and fetal mortality

Case

A 38-year-old G5P4 presented at 32 weeks gestation following antenatal ultrasound diagnosis of advanced abdominal pregnancy. She had attended 3 antenatal visits with no complaints and reported active fetal movements. Examination revealed an impalpable uterus with easily palpable fetal parts in breech presentation, normal FHR and stable hemodynamics.

Surgical Management

Ex-lap → Live female fetus in peritoneal sac

Delivery → Multiple compression deformities

Placenta → Bowel and left tube adherent; left in-situ to minimize hemorrhage

Follow Up

- Discharged on methotrexate 135mg IM
- Serial Beta-HCG monitoring not available
- 6-week USS : progressive placental involution

Conclusion

Antenatal ultrasound enabled diagnosis and surgical planning of advanced abdominal pregnancy. In resource-limited setting, conservative placental management and ultrasound follow up may provide a safe alternative when removal carries a high hemorrhage risk.



Figure 1. infant with oligohydramnios sequence .

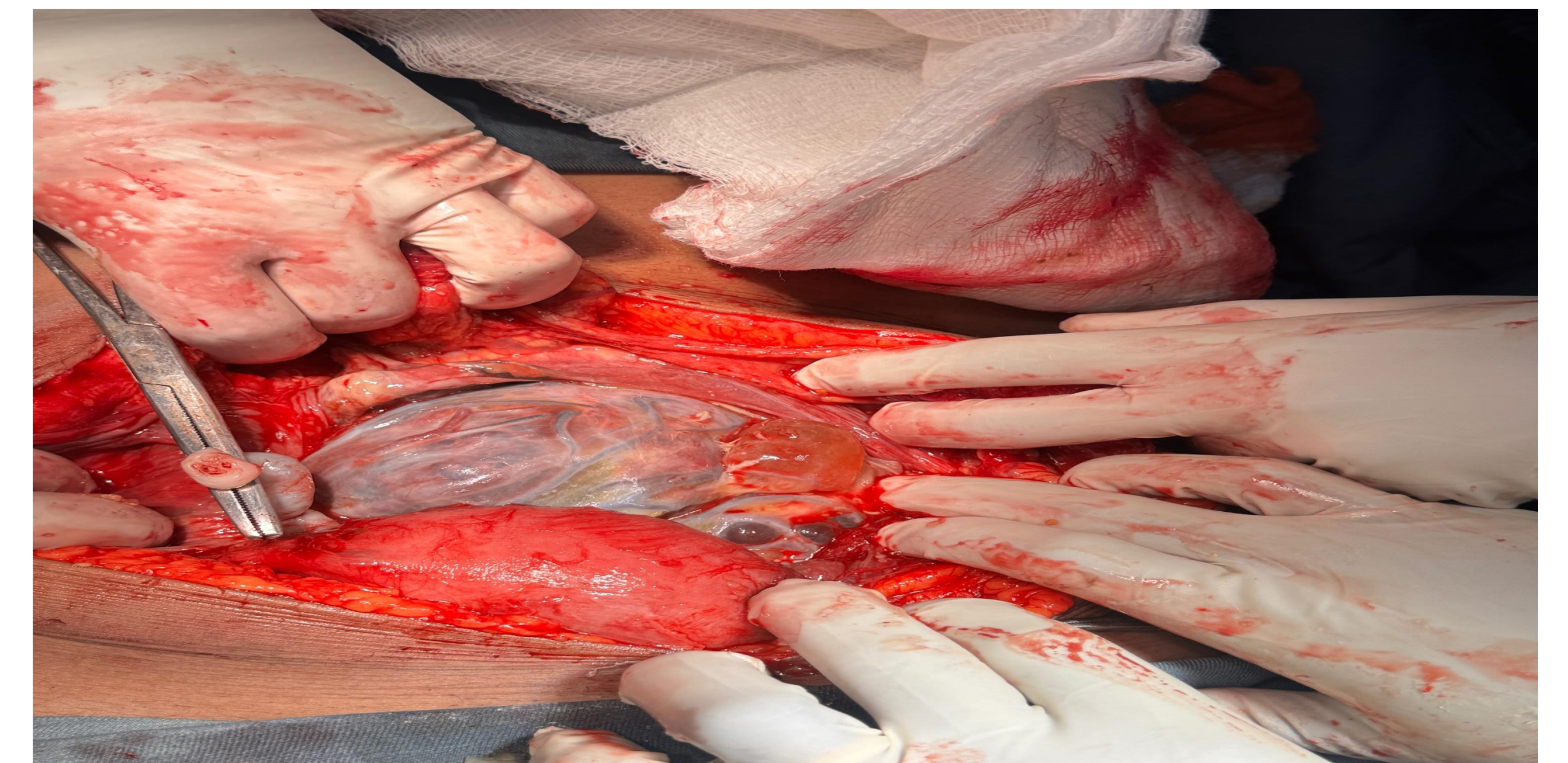


Figure 2. intra-op placenta ligated and left in-situ

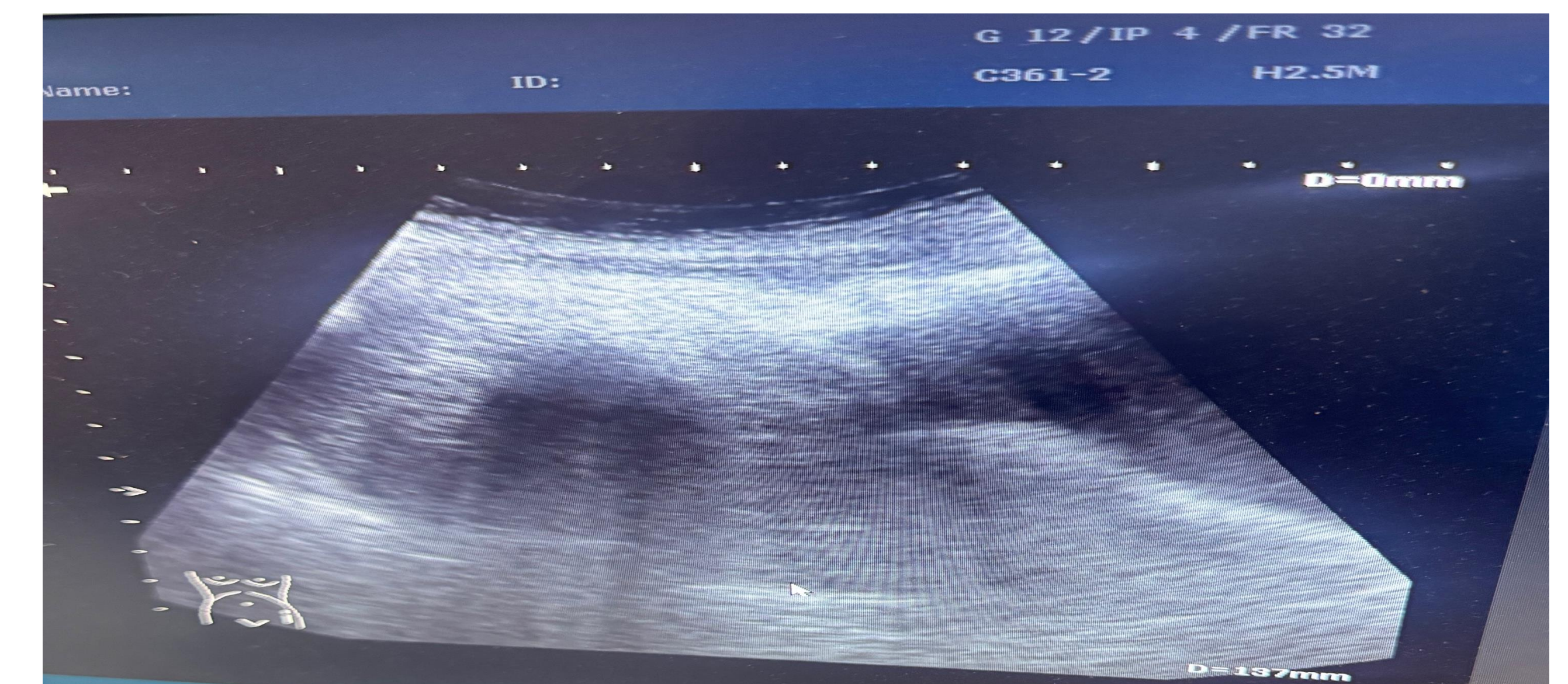


Figure 3. USS of placenta post methotrexate therapy