

ABDOMINAL PREGNANCY WITH A LIVE BIRTH AT 28 WEEKS OF GESTATION

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Objective

We report a case of abdominal pregnancy at 28 weeks diagnosed by MRI, leading to several complications and a delivery of a healthy baby.

Case report

A 29-year-old gravida 2 para 1 (1 miscarriage) woman who does not recall the first day of last menstrual period. The first sonography was made at 19 weeks gestation, the sonographer suspected a bicornuate uterine malformation. She was then referred to our center for suspicion of a partial molar pregnancy at 28 weeks gestation.

Initial abdomino-pelvic ultrasound found a singleton pregnancy with oligoamnios and a posterior placenta previa with no myometrial echogenicity.

MRI findings confirmed the abdominal pregnancy diagnoses. **(figure)**

The patient underwent a laparotomy and was found to have an intact uterus with a viable fetus in the amniotic sac (1000 mg), placenta was found to be deeply implanted in the right ovary and round ligament.

Spontaneous placenta decollement caused a cataclysmic hemorrhage managed with right hypogastric artery ligation, abdominal packing and red blood cell transfusion.

Discussion

Abdominal pregnancy is defined as extrauterine pregnancy in which the fetus is located in the peritoneal. It may account for 1,4% of all ectopic pregnancies. The diagnosis is based on ultrasound. Sometimes, MRI is unavailable in cases of diagnostic ambiguity and can help to define the extent of abdominal and pelvic organs invasion by the placental tissue. The abdominal pregnancy is a potentially life-threatening condition with varying complications including poor perinatal outcome and increased maternal morbidity and mortality, that requires prompt recognition and management.

Conclusion

Advanced abdominal pregnancy is a rare but potentially serious condition that requires precise diagnosis and treatment. MRI is a valuable tool in the diagnosis of this condition, providing detailed images of the pregnancy and surrounding structures which is important in planning the appropriate course of treatment.

