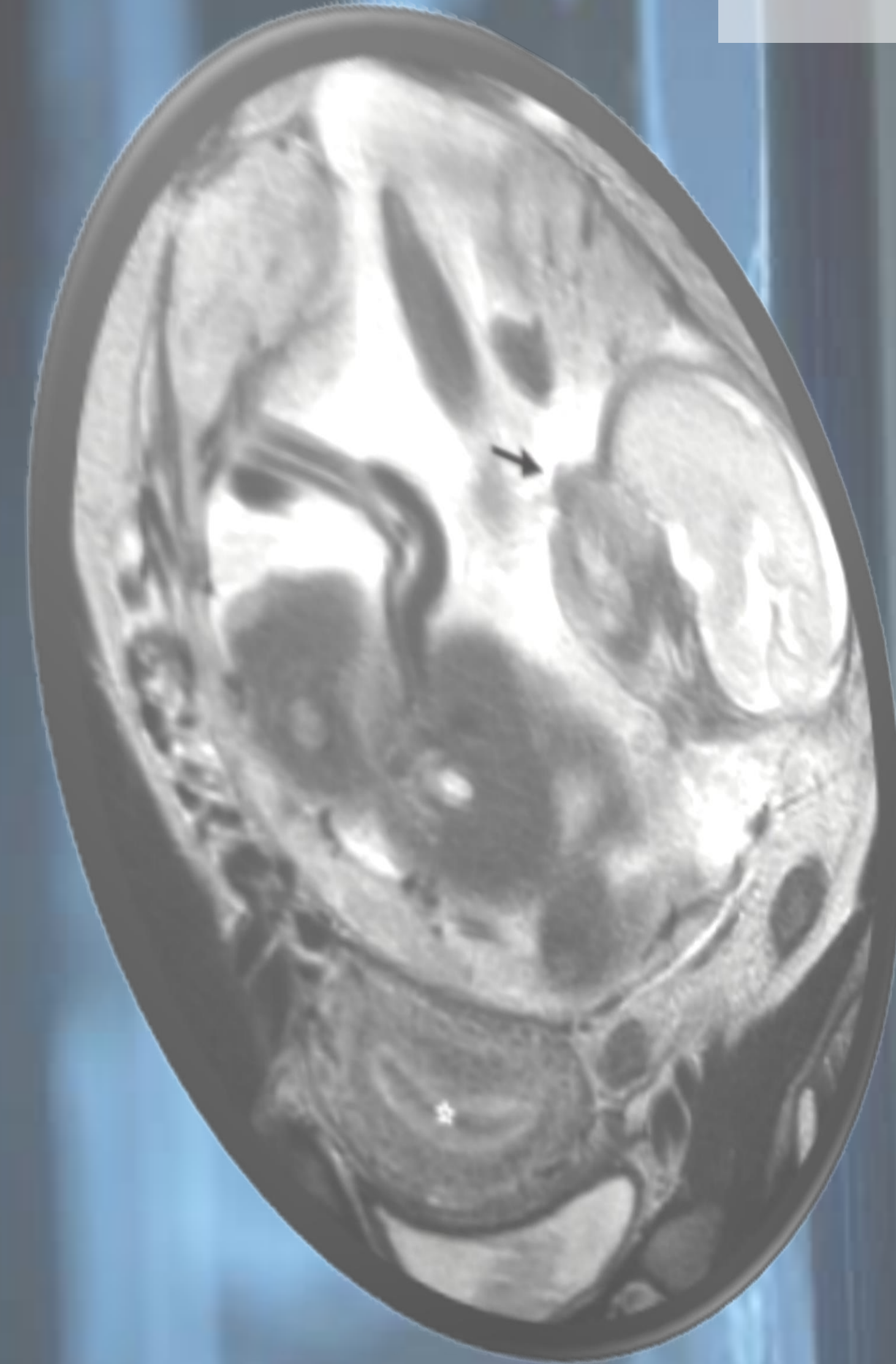


Abdominal Pregnancy in a Term Patient: A Case Report

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CASE SCENERIO

A 30-year-old woman, gravida 2, para 1, presented at 38 weeks of gestation with complaints of abdominal pain and decreased fetal movement. She had an unremarkable medical history and regular antenatal check-ups. Ultrasound examinations performed during her pregnancy showed an atypical location of the fetus, raising concerns for an abdominal pregnancy

Clinical Findings:

On physical examination, the patient appeared well but was in moderate distress. Abdominal examination revealed an enlarged, firm abdomen with no palpable uterine contractions. Fetal heart sounds were audible but diminished in intensity. Investigations: An ultrasound confirmed the presence of a viable fetus located outside the uterine cavity. Further imaging, including a CT scan, illustrated the fetus situated in the abdominal cavity, surrounded by omental and peritoneal tissue.

Management:

After thorough discussion regarding the risks and benefits of different management options, a surgical intervention was planned. A laparotomy was performed, revealing the fetus in the abdominal cavity, along with significant vascular supply from the adjacent organs. The fetus was successfully delivered, and the placenta was carefully excised to minimize blood loss

Outcome: The patient had an uneventful postoperative recovery and was discharged on the fifth postoperative day. She was advised on future pregnancy considerations and the potential risks associated with abdominal pregnancies

Conclusion: Abdominal pregnancy, though rare, poses significant risks during pregnancy and delivery. Early recognition and appropriate management are crucial for minimizing maternal and fetal morbidity. This case reinforces the importance of clinicians being aware of the potential for abdominal pregnancies, especially in patients presenting atypically during term gestation