

P224. Hemoperitoneum in abdominal pregnancy: a case report

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INTRODUCTION

Abdominal pregnancy is a rare form of ectopic pregnancy and is associated with high maternal and fetal morbidity and mortality and represents 1% of ectopic pregnancies. We report the case of a patient with an abdominal pregnancy diagnosed by transvaginal ultrasound in the first trimester of pregnancy.

CASE PRESENTATION

A 34-year-old, gravid 2 para 1, presented at 14 weeks, was referred to our centre with abdominal pain, vomiting and lipothymie. The initial abdomino-pelvic ultrasound done at other centre was normal. On admission to the labour ward, her vital signs were: blood pressure of 120/80 mmHg, pulse 112 beats/minutes.

Her abdomen was distended with hypogastric tenderness. Her laboratory results showed hemoglobin of 4.5 g/dl. There was subsequently a strong clinical suspicion of abdominal pregnancy, which was confirmed by a second ultrasound. The patient underwent laparotomy and was found to have an intact uterus with an inviable fetus floating in the abdominal cavity and with hemoperitoneum of 4 litres. The placenta was implanted in the right broad ligament and its removed successfully. Intraoperatively, one unit of blood was transfused due to severe anemia prior to surgery. Mother was discharged home in good condition.

CONCLUSION

Abdominal pregnancy can be missed prenatally even when an imaging (ultrasound) facility is available. Emphasis should be placed on clinical assessment and thorough evaluation of patients.

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