

A Case Report of Combined Intra-Uterine and Extra-Uterine Pregnancies Resulting in Two Live Children

BY

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Because of the great rarity of this condition, I wish to record this case.

DEFINITION

Simultaneous pregnancies developing both inside and outside the uterus.

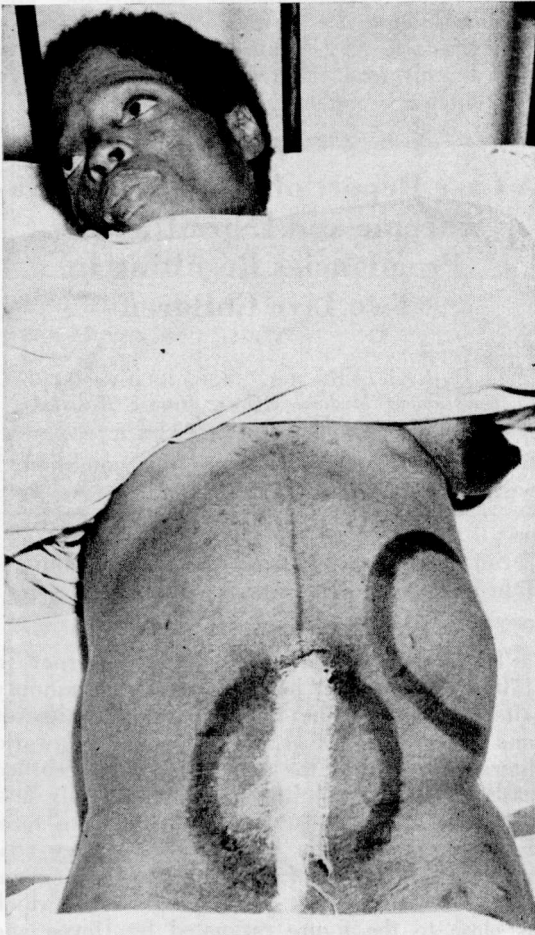
INCIDENCE

The first recorded case was by Duverney in 1708, the condition being diagnosed at autopsy after rupture of the tubal pregnancy. Reeves and Savarese (1954), in a review of world literature, estimate the total number of recorded cases of such a condition as 421, possibly less. Of the 421 cases, 16 have delivered two term infants and 130 one living infant. They estimate the incidence of such co-existing pregnancies as 0.004 per cent. in all pregnancies, which is close to the figure estimated by Devoe and Pratt (1948) of 0.003 per cent. Reeves and Savarese quote the foetal mortality of the intra-uterine pregnancy as about 70 per cent. and of the extra-uterine pregnancy as over 90 per

cent. Three cases, including his own, are recorded in the African by Theron (1950), and he quotes an incidence as 1.5/100,000 in all pregnancies. Greenhill (1955), quoting Suter and Wucker, records that only about one-fourth of all extra-uterine pregnancies diagnosed after the fifth month of gestation result in living viable babies. About one-third of these babies will have deformities incompatible with life.

CASE HISTORY

A Nyasaland African woman was admitted to Harare maternity hospital, Salisbury, on 2nd April, 1960. She stated she was at term and had been labouring for 16 hours prior to admission and, as is wont with many Africans, had been pushing since the commencement of labour.



Post-natal photograph of the mother. The lower circle indicates the uterus with midline subumbilical caesarian wound and the upper left circle the position of the retained extra-uterine placenta.

She was a gravida 7, para 7, one boy and six girls, all of whom were full term normal deliveries at home. The oldest child was grown up and the youngest approximately two years old. Three of the girls had died in the neonatal period. She had fed all children normally herself.

She had not attended any ante-natal clinic for this pregnancy. The date of her last normal period was unknown. This pregnancy had proceeded normally till approximately the third month, when one night she was awakened by severe lower abdominal pain for which she sought no medical advice. No vaginal bleeding accompanied the abdominal pain, which lasted for three days.

In the later months of her pregnancy she complained that on walking for a short distance only she experienced much discomfort, almost pain, in the left hypochondrium. She also remarked that there was an undue amount of kicking by the foetus in the same situation.

Examination on Admission

The pulse rate was 70, the blood pressure 130/90 and the urine showed a trace of albumen. The height of the fundus was 38 weeks. Across the epigastrium was a distended loop of bowel ending in a vague fullness in the left hypochondrium. A foetal heart was heard, but foetal parts were very difficult to palpate owing to a tenseness and tenderness of the abdomen. Vaginal examination revealed an os two fingers dilated, membranes intact and the presenting part, which was difficult to reach, appeared to be a face. In view of this uncertainly an X-ray was taken which showed a twin pregnancy, the leading twin, a hydrocephalic, presenting as a breech and the probability that the second twin was extra-uterine situated in the left hypochondrium.

As there was this probability of the one foetus being extra-uterine, a laparotomy was performed. The first hydrocephalic twin was delivered moderately easily by the breech through a lower segment incision. As soon as this twin had been delivered the probability of the second twin being extra-uterine was confirmed. The uterus now contracted, it was easy to feel the vertex of the second twin, rupture its membranes and extract it. This cord was clamped long initially and the wound in the lower segment repaired.

Following the cord of the second twin, the position of the second placenta was identified.

It was situated under the left costal margin. There were several loops of small bowel involved with the placenta and partly obscuring it; however, it was easy to note that the proximal end of the left salpinx and the left ovary was involved in the placental mass. As the danger of haemorrhage from a placenta in such a situation is well recognised, especially with the spleen in close proximity, no further definition of the placenta was attempted. The cord was ligated as short as possible and the abdominal wound closed in layers with no drainage.

Both twins breathed spontaneously. The female hydrocephalic twin weighed 6 lb. 3 oz. She also had bilateral talipes equino-varus and died eight days after the operation. The extra-uterine male twin weighed 3 lb. 8 oz., appeared normal, thrived, and was discharged weighing 5 lb. 10 oz.

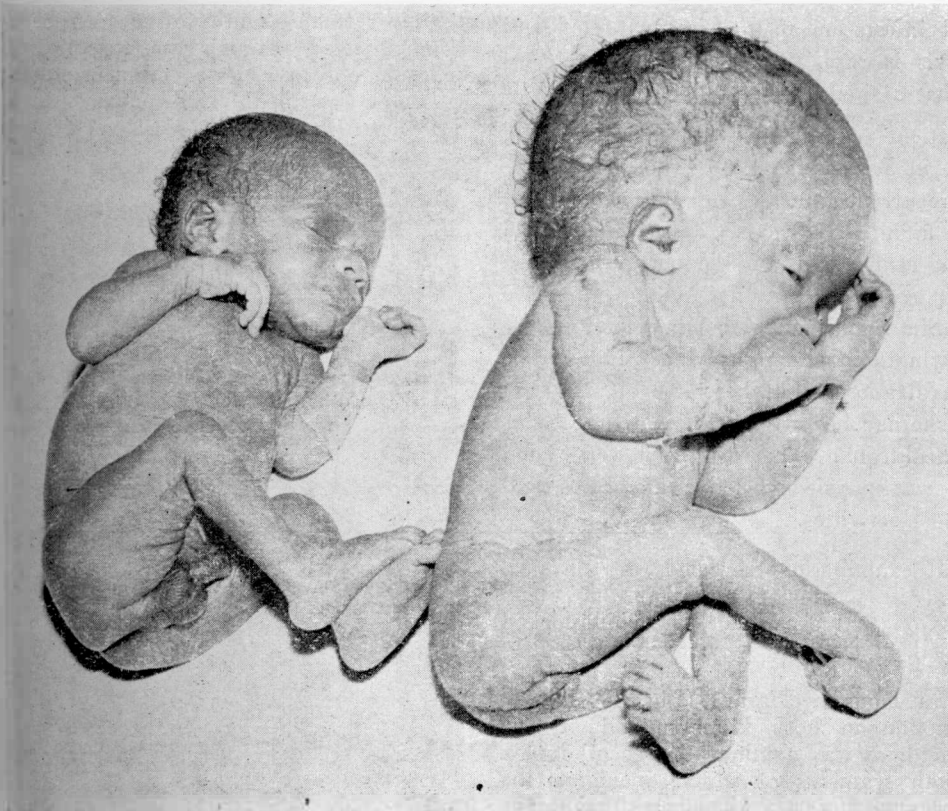
Post-operatively it was easy to notice two separate abdominal tumours in the mother—one

uterine and the other placental. The placental swelling had obviously descended in the abdomen following the emptying of the uterus. Other than a pyrexia of 101° F. on the second day after the operation, the mother's course was uneventful.

On discharge 27 days after the caesarean section the uterus was completely involuted, but the placental tumour appeared little changed in size, though not causing the patient any concern.

SUMMARY

A case of the rare condition of combined simultaneous intra-uterine and extra-uterine pregnancy resulting in two live children is recorded. The incidence of this condition is variously reported as between 0.001 per cent. and 0.005 per cent. in all pregnancies. Rarer still is the delivery of two live children, especially a live extra-uterine foetus which, other than being premature by weight, was normal, while



The twins soon after delivery, showing the female intra-uterine twin with hydrocephalus and bilateral talipes equino-varus.

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Acknowledgment

My thanks are due to Dr. M. Webster, Director of Medical Services, Southern Rhodesia, for permission to publish this case.
