

## A Case of Full-Term Extrauterine Pregnancy

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Advanced extrauterine pregnancies are rare. Ware (1948) found that 311 cases had been reported between 1809 and 1933, and he collected 249 cases between 1933 and 1946. Dixon and Stewart (1960), in a recent article from Jamaica, have recorded 10 cases of extrauterine pregnancy of over 20 weeks' gestation from 9,303 deliveries—an incidence of 1:930. Early extrauterine pregnancies appear to be more common in primitive communities and it is therefore to be expected that advanced ones will be so also.

### CASE REPORT

This patient, Nelly C., an African woman in her early twenties, had had one previous pregnancy which had ended in a caesarean section. This took place at Kota Kota and is of sufficient interest that a brief resume is given.

She was admitted to Kota Kota hospital on 14th February, 1960, at 6.30 p.m., in early labour. Labour progressed slowly and the doctor was called to see her at 3 a.m. on 16th February, when she was in severe pain and there appeared to be a large impacted head. At 6 a.m. she had an eclamptic fit and the urine was found to be full of albumin, though the blood pressure was only 115/70. Heavy sedation was given and a classical caesarean section performed at 9.30 a.m. at which a live hydrocephalic baby was delivered. At one stage of the operation she nearly died, and in all she had four eclamptic fits. She made a slow post-operative recovery and was discharged on 14th March with her baby, which was still alive but died a few weeks later.

Concerning her second pregnancy, she was first seen at full-term. On examination, the breech was presenting and there was a soft swelling in the right hypochondrium. A gentle attempt at version was unsuccessful, and in view of her previous classical caesarean section it was decided that an elective operation should be performed.

The operation was performed the following day (14th June, 1961) under general anaesthesia. A midline subumbilical incision was made, and on opening the peritoneal cavity the foetus was found lying free within the bag of membranes. The membranes were ruptured and the baby delivered by the breech. It was

a female infant of 7 lb. 7 oz., cried lustily at birth and showed evidence of being post-mature. Examination of the abdominal cavity revealed the placenta adherent to the external surface of the left lateral and posterior walls of the uterus and also partly attached to the posterior abdominal wall. The fundus of the uterus was lying beneath the right costal margin and the body of the uterus could be traced down the right side of the abdomen to the cervix. There were adhesions between the intestine and the fundus of the uterus. The old classical scar showed normal healing and there was no indication of it having given way in early pregnancy. The cord was then ligated as near to the placenta as possible and most of the membranes removed. The placenta was left *in situ*. The cavity where the foetus had lain was sprinkled with penicillin powder and drained through a stab incision in the left iliac fossa.

The patient left the theatre in good condition, but half an hour later collapsed in the ward and became pulseless. Coramine and an intravenous infusion of Dextraven with added Levophed were given. Her general condition improved rapidly and three pints of blood were later given. She then made an uninterrupted recovery and was discharged on 21st July with a healthy baby and breast-feeding normally.

### DISCUSSION

(1) It could be suggested that in early pregnancy the old classical scar gave way and the gestation sac passed into the abdominal cavity and attached itself in the way described. At operation there was nothing to suggest that this had occurred.

(2) There is always controversy as to what is the correct way of dealing with the placenta. Dixon and Stewart removed the placenta in all of their ten cases. In this instance removal of the placenta would have meant an incredibly difficult hysterectomy in view of the position of the placenta and the adhesions between intestine and uterus at the fundus.

(3) In most cases where the placenta has been left *in situ* there has been no lactation or sign of breast activity in the puerperium. In this patient lactation was completely normal.

### SUMMARY

A case of full-term extrauterine pregnancy with a live baby is described. The pregnancy followed a previous one which had been complicated by obstructed labour due to hydrocephalus of the foetus and eclampsia, and had been terminated by caesarean section.

REFERENCES

- DIXON, H. G. & STEWART, D. B. (1960). *Brit. med. J.*,  
2, 1103.  
WARE, H. H. (1948). *Amer. J. Obstet. Gynec.*, 7, 99.

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