

# Ruptured Cornual 20 weeks Pregnancy with Fetal Demise with Fetus in Abdominal Cavity with Gross Haemoperitoneum with Severe Anaemia

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## Abstract

Ectopic pregnancy is the most life threatening emergency in pregnancy and common cause of morbidity and mortality in first trimester of pregnancy. 23 Yrs old female presented with history of 5 months amenorrhoea with slight bleeding per vaginum. Patient is primigravida. On Per abdomen examination, abdomen was tense.

On USG Diagnosis, it was clear and the patient was taken for Laprotomy and the patient stood up the procedure well.

**Keywords:** Ectopic; Emergency Haemoperitoneum;

## Introduction

Ectopic pregnancy is the result of a flaw in human reproductive physiology.

It is global problem and has showed a rising incidence.

Several risk factors for ectopic pregnancy are identified. They are Pelvic inflammatory disease, smoking, history of previous ectopic pregnancy, pelvic surgery, induction of ovulation, use of intra-uterine devices.

The most common site of ectopic implantation are fallopian tubes and others, include ovary,

abdomen, cervix etc. ectopic pregnancy occurs at a rate of 1-2% of Pregnancy.<sup>1</sup>

## Case Report

A 23 Year old female patient, primigravida presented with slight bleeding per vaginum. On general examination, patient condition was average, blood pressure 110/60 MMHG, pulse 100/MIN. Pallor Present. No cyanosis, icterus, pedal edema or lymphadenopathy.

On per abdominal examination, abdomen was distended, tense, non-tender.

On per vaginum examination, uterus size was not well defined, anteverted and anteflexed, slight bleeding per vaginum .

Urgent blood investigations were done including urgent CBC, Blood Group, RBS, LFT, RFT, BTCT, Urine R/M, HIV, HBsAg, VDRL. Urgent ultrasound was done.

Haemoglobin of the patient was found to be 4 gms and ultrasound revealed ruptured 20 week cornua pregnancy with fetal demise lying in abdominal cavity with gross haemoperitoneum.

Urgent laprotomy was planned. 3 units of whole blood and 5 FFP were arranged and transfused. Urgent laprotomy was planned.

During laprotomy, abdomen was opened layer by layer under all asepsis. During laprotomy, gross haemoperitoneum was present. Suctioning was done. About 2 litres blood was suctioned. A dead fetus was lying in the abdominal cavity which was removed. Bicornuate uterus was present in which pregnancy was in the bicornuate uterus in which

pregnancy was in the rudimentary horn. Same was clamped and removed and the site sutured. Haemostasis was well maintained. Abdominal drain was kept. Blood was transfused. Patient stood up procedure well.

Post operative condition was uneventful.

Patient was discharged on 4 post operative day.

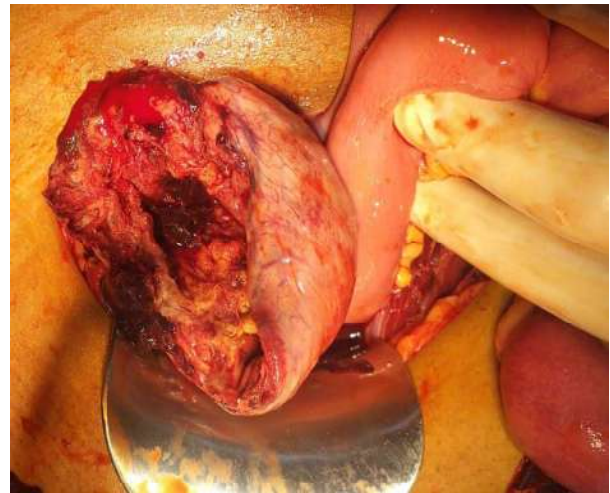
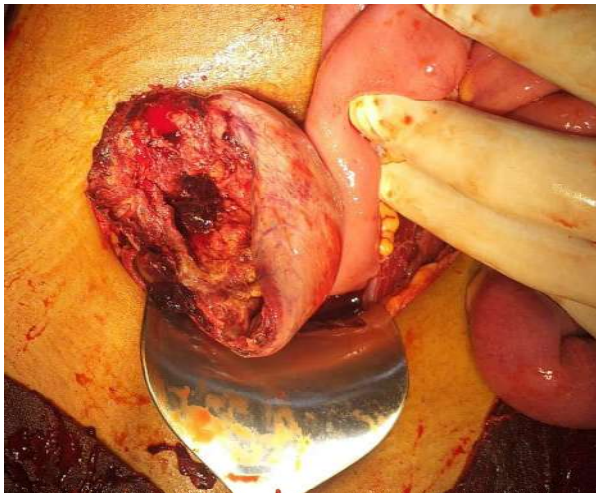
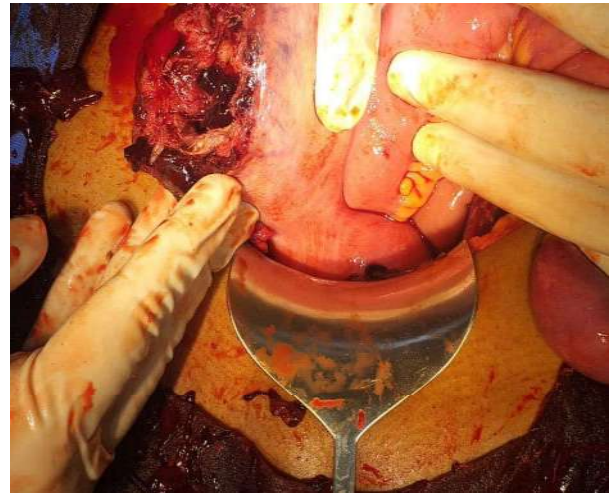


Fig. 1:

## Discussion

Pregnancy occurring in the rudimentary horn of a bicornuate uterus is called corneal pregnancy. Termination by rupture at 12-20 weeks is inevitable with massive intra-peritoneal haemorrhage. The condition is commonly diagnosed as fibroid or ovarian pregnancy. Ectopic pregnancy could be life threatening emergency in obstetrics. It is an important cause of maternal morbidity and mortality and most typical cause of first trimester maternal deaths. As per reported by ICMR in their multicentric case control study, their incidence was

3.12 per 1000 pregnancies.<sup>2</sup>

## Conclusion

Without timely diagnosis and treatment, ectopic pregnancy can become a life threatening situation. It is an important cause of maternal morbidity and mortality and is one of the most typical cause of first trimester maternal deaths.

## References

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