AN UNUSUAL PRESENTATION OF LIVE FETUS IN BROAD LIGAMENT: A CASE REPORT
Veena Khare¹, Sashibala Shrivastava², Kalpana Mishra³

HOW TO CITE THIS ARTICLE:

ABSTRACT: Broad ligament pregnancy is a rare type of secondary abdominal pregnancy accounting for about 1% of ectopic pregnancy. It can occur any age group& any part of abdominal cavity, commonest being pouch of Douglas. Hence in any female of reproductive age group presenting with symptoms of ectopic pregnancy possibility of broad ligament pregnancy should be excluded. This is a case report of 32 years female with broad ligament pregnancy with live fetus in the sac.

KEY WORDS: Ectopic pregnancy, broad ligament, live fetus

INTRODUCTION: Ectopic pregnancy is a grave event among the normal pregnancies with a ratio of about 1:300 to 1:150. But broad ligament pregnancy is very rare accounting for 1% of ectopic pregnancies¹. Diagnosis in our setting is often late. It is one of the forms of abdominal pregnancy. This pregnancy is rare but life threatening condition.

It has been observed that it can occur at any age and usually diagnosed in advanced stage of pregnancy. Even though it can occur in any part of the abdomen, pouch of Douglas is the commonest. Routine sonography during pregnancy in our scenario has changed the pattern of presentation of abdominal pregnancy with resultant early diagnosis & decrease in mortality and morbidity.

MATERIAL & METHOD: A 32years old woman of P 2 + 0 presented to the routine OPD of Obs & Gyn, L.N. Medical College Hospital Bhopal, in Oct 2013 with history of amenorrhoea 2 months, discomfort and pain in lower abdomen. On routine examination pulse 76/, BP 110/70mmof Hg vitals were maintained. P/V examination revealed uterus normal size tenderness in right fx was present all the routine investigation were performed. Hb% was 9.5gm %. CBP was normal. USG revealed ectopic pregnancy of 7 weeks 3 days with positive cardiac activity. Her laparotomy was done and gestational sac was found intact with embryo inside. Whole sac was excised carefully and salpingectomy of left sided tube was performed under S.A. Patient had uneventful recovery.

DISCUSSION: Broad ligament pregnancy, a form of ectopic pregnancy, is a rare event particularly with spontaneous conception. Apan Kata et al reported a case of intra ligamentary pregnancy following in vitro fertilization in patient with previous bilateral salpingectomy². Phupong et al reported a case of twin pregnancy in broad ligament³. MA Abdul et al noted two multiparous women in early thirties who presented for routine checkup in ANC⁴. USG revealed mid trimester abdominal broad ligament pregnancy in both cases. Laparotomy was done an excision of pregnancy and salpingectomy of both tubes done patients had satisfactory recovery.

Ectopic pregnancy is either due to primary implantation of zygote on broad ligament or followed by secondary implantation to fallopian tube, ovary or other peritoneal structures. Risk
factor include history of secondary infertility, PID, IUCD or endometriosis<sup>5</sup>. Here these risk factor are absent in their study<sup>5</sup> patients had severe pain in abdomen. Vaginal bleeding is also a common feature in up to half of the patients as reported by Hallatt et al. In our study there was no history of vaginal bleeding. Vaginal bleeding is reported to be due to break down of decidual cast<sup>5</sup>.

In our study a case of broad ligament pregnancy was diagnosed in 1<sup>st</sup> trimester of pregnancy showing cardiac activity which is indicative of live foetus by USG. Consequently she was taken for laparotomy and complete excision of gestational sac along with left sided salpingectomy was performed, patient had uneventful recovery. Hence from present study it can be concluded that spontaneous conception can also end in pregnancy in broad ligament which is a type of secondary abdominal pregnancy and in cases presenting with mild abdominal pain & discomfort possibility of secondary abdominal pregnancy should be ruled out.
REFERENCES:

AUTHORS:
1. Veena Khare
2. Sashibala Shrivastava
3. Kalpana Mishra

PARTICULARS OF CONTRIBUTORS:
1. Assistant Professor, Department of Obstetrics and Gynaecology, J.K. Hospital, L.N. Medical College, Bhopal.
2. Professor, Department of Obstetrics and Gynaecology, J.K. Hospital, L.N. Medical College, Bhopal.
3. Senior Resident, Department of Obstetrics and Gynaecology, J.K. Hospital, L.N. Medical College, Bhopal.

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:
Dr. Veena Khare,
Plot #11, Sarvadharam,
C-Sector, Kolar Road,
Bhopal.
Email-drveenakhare@gmail.com

Date of Submission: 04/12/2013.
Date of Peer Review: 05/12/2013.
Date of Acceptance: 19/12/2013.
Date of Publishing: 06/01/2014.