

Peritoneal ectopic pregnancy

Wiltgen A, Ghizoni Dacoregio D, Santos T, Festugatto JR, de Oliveira Pimentel Fonseca P, Nardi E, Omizzolo H, Ramos Tsuchiya M, Viegas TF
Hospital Geral de Caxias do Sul - UCS (Universidade de Caxias do Sul), Caxias do Sul, Brazil

Objective

To report a case of peritoneal ectopic pregnancy with live birth.

Methods

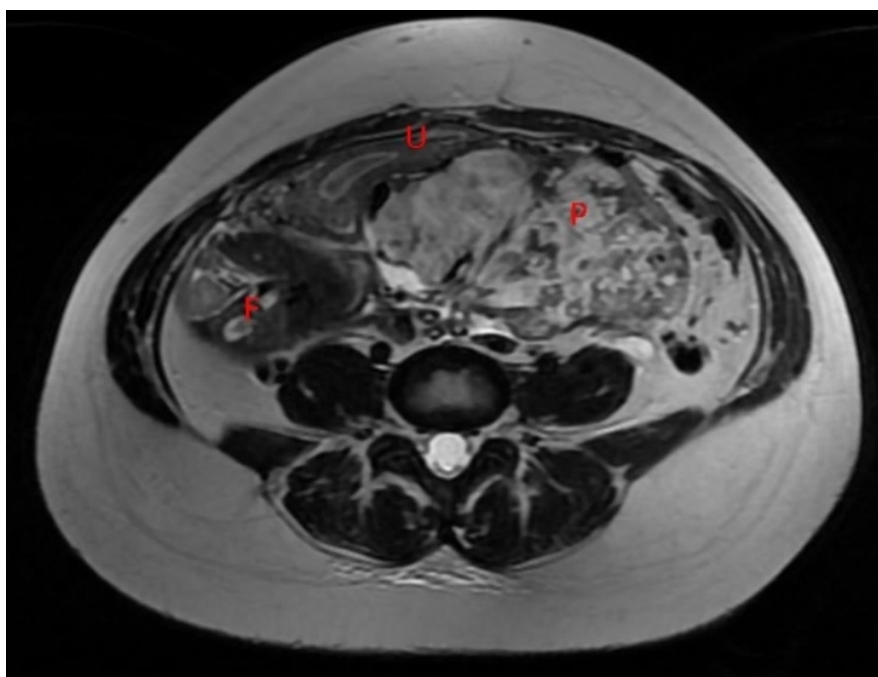
Ectopic pregnancy (EP) occurs when there is implantation and development of the gestational sac outside the endometrium of the uterine cavity. Abdominal ectopic pregnancy (AEP) occurs when the fertilized egg implants and develops in the abdominal cavity, which may be the result of tubal abortion (secondary AEP) or, more rarely, implantation directly into the peritoneal cavity (primary AEP). Unlike tubal ectopic pregnancies and ovarian, AEP can develop until term, but there is more risk of ovarian malformations in fetal structures. Less than 50% of these fetuses survive, due to the precarious conditions of blood supply in which implantation takes place.

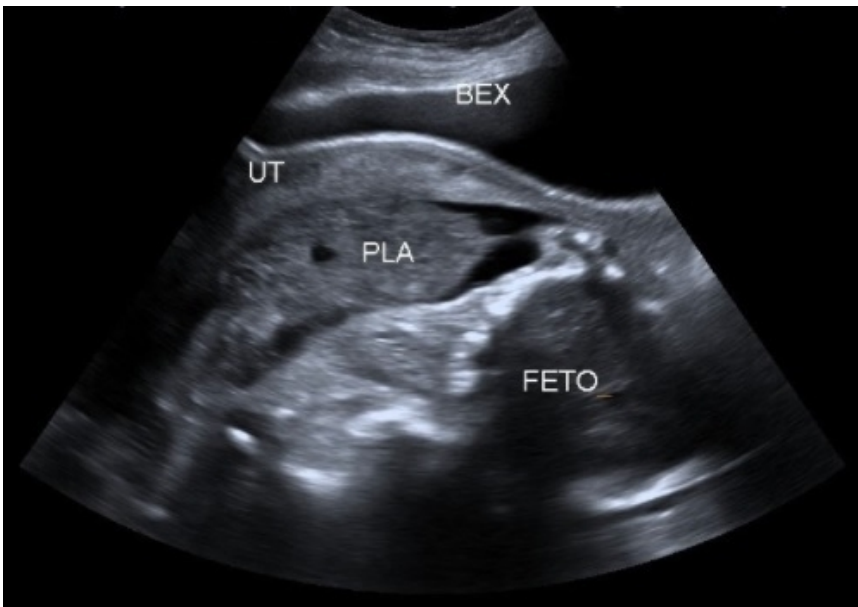
Results

The case concerns a female patient (ADSA), aged 27, admitted due to an outpatient ultrasound which showed a live fetus located in the abdominal cavity to the right of the uterus with a gestational age of 25 weeks and 1 day. An MRI was performed which confirmed a fetus inside the abdominal cavity predominantly located on the flank and right iliac fossa, with the cephalic portion between the bladder and the rectum and the lower limbs between the bowel loops on the right flank and placental formation in the topography of the left adnexal region. After 10 days, the patient underwent laparotomy with the extraction of a live fetus associated with hysterectomy, colostomy, and double J catheter implants bilaterally.

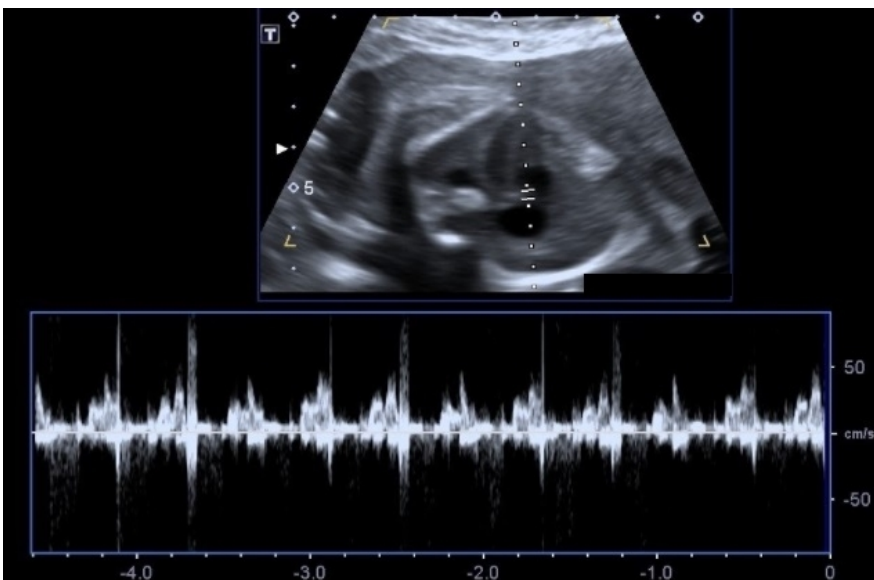
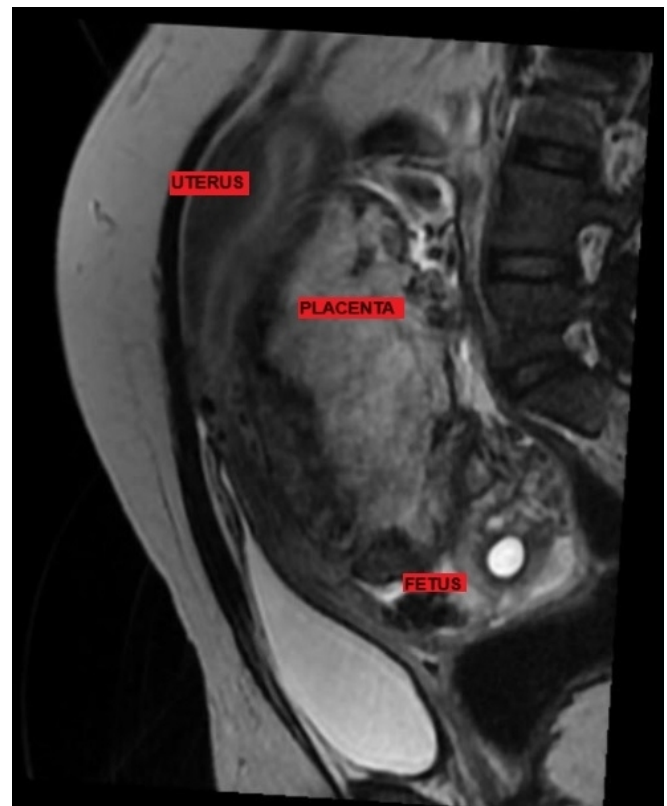
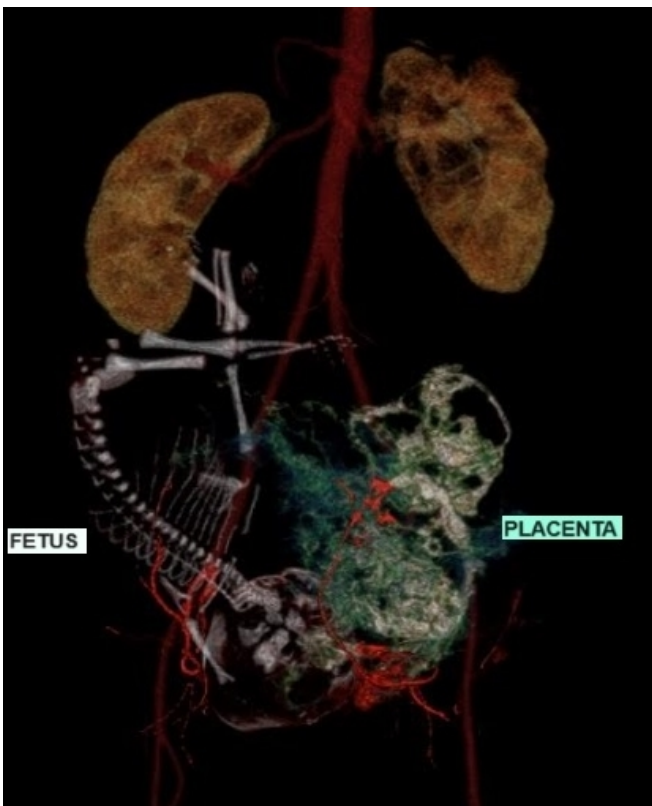
Conclusion

The occurrence of EP has been increasing in recent decades, due to the increase in the number of risk factors that predispose it, such as pregnancy at an advanced age, smoking, pelvic inflammatory disease, uterine malformations, tubal surgeries, and ectopic pregnancy historical. The patient in this case had a history of a previous ectopic pregnancy. Ultrasonographic features of AEP include fetus outside the uterus, empty uterine cavity, absence of uterine limitation between bladder and fetus, extrauterine location of the placenta, poor visualization of the placenta, oligohydramnios, or absence of amniotic fluid between fetus and placenta, fetal parts adjacent to the maternal abdominal cavity and abnormal fetal presentation. AEP should be stopped at the time of diagnosis to avoid maternal complications such as hemorrhage, infection, anemia, disseminated intravascular coagulation, pulmonary embolism, and gastrointestinal fistula due to the presence of fetal bones. Expectant management may be considered in exceptional cases, with one of the following criteria: diagnosis after 24 weeks, absence of fetal malformations, maternal hemodynamic stability, continuous fetal well-being monitoring, insertion of placenta distant from the liver and spleen, and sufficient amount of amniotic fluid, which can wait for fetal lung maturity. The reported case demonstrates that AEP is a condition of high morbidity and mortality, with complications for the maternal-fetal binomial, highlighting the importance of early diagnosis and appropriate management of these patients. Ultrasonography allows confirmation of AEP and determination of its implantation location, reducing the risks and complications of this situation.





BEX: bladder. UT: uterus. PLA: placenta. Feto: FETUS.



Fetal heartbeat