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Umbilical discharge an unusual presentation of complication of abdominal pregnancy

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Abstract

Abdominal pregnancy is rare type of ectopic, which itself is a rare type of pregnancy. Umbilical discharge is an unusual clinical presentation of complication of abdominal ectopics. In our case patient presented with umbilical discharge for past 3 months with recent onset fever and abdominal distention. On investigation she was diagnosed as a case of abdominal ectopic with non-viable foetus. Patient underwent emergency laparotomy with uneventful postoperative period. In view of rare presentation of abdominal ectopic, this case is being reported here.

Keywords: umbilical discharge, unusual presentation, abdominal pregnancy

Introduction

Ectopic pregnancy are rare type of pregnancy. Most common site is fallopian tube. Abdominal pregnancy as type of ectopic, is a rare one. In the abdomen sites are broad ligament, viscera, omentum and large blood vessels. Incidence of abdominal pregnancy is 1:20,000 to 1:30,000 and it constitute 1% of ectopic pregnancy ^[1, 2]. Even with regular antenatal visit only 20 to 30% of abdominal pregnancies can be diagnosed preoperatively. Most of abdominal pregnancies present with complications but few of them remain asymptomatic and are detected late in pregnancy or rarely at time of surgery. Similarly, here we are presenting rare presentation of abdominal pregnancy.

Presentation

A 26-year female para 2+0, presented with umbilical discharge for past 3 months which was mucoid, non-purulent in nature (fig 1 & 2). Along with 3 days history of abdominal distention, recurrent episode of high-grade fever. On evaluation she gave history of amenorrhoea 4 months. On examination pulse rate 110/min, respiratory rate 16/min, temp 100.6-degree F. Abdominal examination there was a periumbilical redness with mucoid discharge coming from it. Rest abdomen were soft except fullness and tenderness in infraumbilical region.

Investigations

X-ray abdomen AP erect was suggestive of paralytic ileus. Ultrasonography abdomen was suggestive of 200 ml echogenic collection in pelvis and right iliac fossa with ectopic pregnancy without any foetal cardiac activity suggestive of nonviable foetus. Diagnostic aspiration was done which was thick mucopurulent in nature. Blood investigation showed raised total leucocyte count of 1650cell/cc with neutrophil predominant with normal kidney function test and liver function test.

Treatment

Emergency laparotomy was done and all pus and dead foetus were removed (fig 3&4). After lavage single drain was placed. post op period was uneventful and patient discharged on postoperative day 07.

Outcome and follow-up

Follow-up period was of 6 month and was uneventful.

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Fig 1 & 2: Showing umbilical discharge which is mucoid.



Fig 3 & 4: Exploratory laparotomy shows ectopic pregnancy and dead foetus.

Discussion

Ectopic pregnancy is rare and account for 1 to 2% of all pregnancy of which abdominal ectopics are extremely rare with 1% of all ectopic pregnancies^[1, 2]. Abdominal pregnancies have high morbidity and mortality rate for both mother and child^[3]. Our patient was a case of 4 month (16 weeks) abdominal ectopic pregnancy. Most case of abdominal pregnancy present with coagulopathy, maternal haemorrhage, embolism and foetal malformation^[3]. Peritoneal abscess is rare in pregnancy^[4]. In first trimester salpingo-ophoritis is major cause of peritoneal abscess, in second and third trimester peritoneal abscess are rare^[5]. Non gynaecological Causes include diverticulitis, abdominal tuberculosis, appendicitis^[6]. Our patient present with umbilical discharge and on investigation abdominal pregnancy with pelvic abscess was diagnosed which is further a rare presentation of such complicated pregnancy. Further to say that similar patients if they don't present early, they may present later as case of lithopaedion which is again a rare entity^[7].

Take home message/ learning points

1. Abdominal pregnancy is rare of all ectopic pregnancies which itself is a rare entity.
2. Umbilical discharge can be a presentation of complicated abdominal pregnancy.
3. There is no substitute of history taking and clinical examination as history of amenorrhea in our case lead to the diagnosis of umbilical discharge to ectopic abdominal pregnancy with pelvic abscess.

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