

FULL TERM VIABLE SECONDARY BROAD LIGAMENT PREGNANCY – A RARE CASE

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ABSTRACT:

Broad ligament pregnancy is also known as inter ligamentous pregnancy which is a rare form of ectopic pregnancy. Very few successful live births have been reported in this condition, where such pregnancies reached term and with live birth of a baby. A case of 28 year old primigravida of 35 weeks gestation with oligoamnios was referred to our hospital. A right broad ligament pregnancy was confirmed after an ultrasound and an MRI. She was taken up for surgery and an incision was given on the anterior leaf of the broad ligament and a male live fetus was extracted. Placenta was found on the posterior leaf of the broad ligament and it was removed without any undue haemorrhage. Uterus was lying medial to the sac and was around ten weeks in size. Both mother and baby were discharged on seventh postoperative day in good health condition.

Keywords: Broad ligament; ectopic pregnancy; Placenta

INTRODUCTION:

Ectopic pregnancy has defined as any intra or extra uterine pregnancy in which the fertilized ovum implants at anywhere else than in the endometrial lining of the uterine cavity [1]. Broad ligament pregnancy is also known as intra ligamentous pregnancy. Which is first described by Loschge et al. [2]. The occurrence of intra ligamentous pregnancy has reported an incidence of 1 in 183,900. [3,4,5]. The present study identified a case of secondary broad ligament pregnancy during laparotomy.

CASE PRESENTATION:

A 28 year old primigravida was transferred to our hospital at 35 weeks gestation with intra uterine growth retardation and sever oligoamnios. At 37 weeks ultrasound showed severe oligoamnios, hence she was taken up for surgery. Under regional anesthesia the abdomen was opened. The fetus along with the placenta has found in the right broad ligament and uterus of 10–12 weeks size was also found separately on the left side of the gestational sac. An incision was given on the anterior leaf of the broad ligament and a live male baby with Apgar 8/10; weighing 2.5 kg was extracted out (Fig. 1). Placenta was adherent to the sac as well as to posterior leaf of the broad ligament. The sac was also adherent to the ileum and sigmoid colon. All the adherents were separated without any undue haemorrhage. However the atrophic right ovary could not be removed separately. Left fallopian tube and left ovary were normal and on check curettage, uterus was empty. A total four units of blood were transfused both intra operatively and post-operatively. Postoperatively mother and baby

recovered well and discharged on seventh day. Both mother and baby came for review after one month and they were healthy and doing fine (Fig.2)

DISCUSSION:

Broad ligament ectopic pregnancy is a rare and life threatening condition. It is either due to primary implantation of the zygote on the broad ligament or followed by secondary implantation in fallopian tube, ovary or other peritoneal surface [6].

Broad ligament pregnancy reaching full term and delivering a live infant is extremely rare. Champion et al. explained the anatomical relationship for diagnosis of broad ligament ectopic pregnancy [3].

These are

1. Uterus located medially to the ectopic pregnancy.
2. The pelvic side walls located laterally.
3. The pelvic floor located inferiorly.
4. The fallopian tube located superiorly.

Usually in secondary broad ligament pregnancy, the fertilized ovum first implants in the fallopian tube or uterus. Due to fimbrial abortion or ruptured fallopian tube or uterus, the fetus subsequently implants and develops in the broad ligament. Diagnosis of broad ligament pregnancy needs high degree of suspicion, diagnosis is often intra operative. Despite considerable technical abilities absolute diagnosis by USG is missed on most occasions. Our patient had more than six USG reports and none of these reports were suggestive of extra uterine pregnancy. Our patient had spotting P/V in the first trimester and associated anaemia which indicates a possibility of tubal rupture, which led to expulsion of gestational sac with fetus and implanted in the broad ligament. Then the pregnancy continued without any significant maternal/fetal manifestations. Intra-ligamentous pregnancy has been reported to be associated with maternal mortality as high as 20%, perinatal mortality ranging between 40 and 90% and fetal deformities (mostly cranial, facial and joint) of around 21.4% [7]. In this case baby was healthy and had no skeletal anomalies

REFERENCES:

- [1] Schorge JO, Schaffer JI, Halvirson LM, Hoffman BL, Bradshaw KD, Cunningham FG. Williams Gynecology. McGrawHill; 2008 157–71.
- [2] Loschge. Arch F Med Erfahr 1818;2:218.
- [3] Champion PK, Tessitore NJ. Intraligamentary pregnancy: a survey of all published cases of over 7 calendar months, with the discussion of an additional case. Am J ObstetGynecol 1938;36:281–93.
- [4] Kennedy WT. Intraligamentous pregnancy: discussion with report of a left intraligamentous full-term pregnancy with previous dead fetus-mother living. Am J ObstetGynecol 1925;10:858–9.
- [5] Wilens I. Ruptured tubal pregnancy with massive retroperitoneal hemorrhage. Am J Surg 1936;33:296–7.
- [6] Sharma S, Pathak N, Goraya SPS, Mohan P. Sri Lanka J ObstetGynaecol 2011;33:60–2.
- [7] Baffoe P, Fofie C, Gandau BN. Term abdominal pregnancy with healthy new born: a case report. Ghana Med J 2011;46(2):81–3.