Abruption of Abdominal Pregnancy Following Blunt Trauma



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Background

- Abdominal pregnancy represents a rare subset of ectopic pregnancy with a reported incidence around one per 10,000 live births¹
- It is associated with high fetal and maternal morbidity and mortality²
- Abdominal pregnancy remains difficult to diagnose and often presents as abdominal hemorrhage^{3, 4}

Purpose

 Case presentation of a viable abdominal pregnancy with placental abruption discovered after blunt abdominal trauma

Patient information

- 25-year-old primigravida female
- Presented via ambulance as a trauma activation for hypotension following blunt trauma to the abdomen

Treatment Course

- FAST exam was inconclusive and fetal heart rate was 76 beats/minute
- Given the patient's hypotension and the non-reassuring fetal heart tones, the decision was made to take the patient to the operating room for emergent exploratory laparotomy and cesarean section
- Patient underwent resection of appendix, small bowel, right adnexa, and adhered placenta
- She was initially left in discontinuity and returned to the operating room POD-1 for anastomosis



A.) Intraoperative photograph of placenta (left) adhered to small bowel (top) and appendix (bottom right). Right adnexa not fully visualized.

Outcomes

- Mother discharged home hospital day five
- Delivery of infant boy of 25 weeks gestation
- Baby discharged after 94 days in Neonatal Intensive Care Unit
- Mother and baby followed outpatient and doing well

Discussion

 In pregnant patients presenting after blunt trauma with free intraabdominal fluid and hypotension, abdominal pregnancy with abruption should be considered as an unlikely differential

References

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