Distinguishing Intrauterine Fetal Demise versus Abdominal Pregnancy in Low Resource Settings


Abstract

Diagnosis of abdominal pregnancy always poses a clinical dilemma. Transvaginal ultrasound is the ideal radiological procedure in locating these pregnancies. However in resource limited setting, abdominal and pelvic ultrasounds can be the only available yet unreliable modalities for distinguishing intrauterine versus abdominal pregnancies. We present a case of a 36 year old para 4+0 gravida 5 who presented with fetal demise at 16 weeks of gestation. Multiple abdominal and pelvic ultrasounds showed intra uterine fetal demise for which she underwent induction. The definitive diagnosis of abdominal pregnancy was established using transcervical Foleys catheter aided abdominal-pelvic ultrasound which showed an empty uterus and a gestational sac, placenta and a 16-week fetus with no cardiac activity in the right adnexa/iliac region.