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Review Article

ABDOMINAL PREGNANCY-A REVIEW

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Zabol, Iran² Zabol University of Medical Sciences, Zabol, Iran**Abstract:**

Introduction: Abdominal pregnancy is one of the rare cases of ectopic pregnancy and it occurs when pregnancy gums are located in places other than uterus, ovaries, and tubes. Abdominal pregnancy directly affects the frequency of ectopic pregnancy.

Methods: In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the abdominal pregnancy. In this review, the papers published until early January 2017 that were conducted to study the Abdominal pregnancy were selected.

Results: Abdominal pregnancy is a potentially dangerous condition that has been become more and more important in both underdeveloped and developing countries due to the use of assisted reproductive techniques in recent years.

Discussion and conclusion: Clinical diagnosis of abdominal pregnancy is difficult due to the lack of specific symptoms and sings. Recurrent or persistent abdominal distension, vaginal bleeding and gastrointestinal symptoms can be the first evidence of a good diagnosis, especially if it is associated with an abnormal fetus or the patient has undergone infertility treatments or has a history of uterine surgery.

Key words: Abdominal, pregnancy

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INTRODUCTION:

Abdominal pregnancy is one of the rare cases of ectopic pregnancy and it occurs when pregnancy sacs are located in places other than uterus, ovaries, and tubes (1). Abdominal pregnancy directly affects the frequency of ectopic pregnancy (2). Approximately 1 to 2% of all pregnancies are ectopic and 1 to 4% of ectopic pregnancies occurs in the peritoneum. Different statistical sources have provided various occurrence rates for this phenomenon, ranging from 1 in 10200 and 1 in 8000 to, even, 1 in 2200 of all pregnancies in America (3). 10.9 of every 10,000 live births are EP in America and 9.2 out of every 1000 EP pregnancies are abdominal pregnancies (4). Although this condition is relatively unusual, one should not forget the differential complications and diagnoses. Main signs and symptoms of abdominal pregnancy include: repeated or persistent abdominal pain, vaginal bleeding, gastrointestinal symptoms in the second and third months, abnormal fetal position, painful fetal movement, comfortable touch of the embryo's parts from the abdomen, lowering the uterus in the pelvis to 10-12 weeks, cervical dislocation, cervical non-dilatation consistent with increasing gestational age, false labor, and absence of uterine contraction in response to stimulation of oxytocin (5). Diagnosis of abdominal pregnancy, and differentiating it from cases such as placental intestinal or intrauterine pregnancy with the degeneration of fibroids, is quite difficult and, although often delayed, requires close analysis of serological, clinical, and ultrasound findings.

METHODS:

In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the Abdominal pregnancy. In this review, the papers published until early January 2017 that were conducted to study the Abdominal pregnancy were selected.

FINDINGS:

Abdominal pregnancy is a potentially dangerous condition that has become more and more important in both underdeveloped and developing countries due to the use of assisted reproductive techniques in recent years. Based on the location of embryonic implantation and gestational age, abdominal pregnancy is divided into two groups of primary and secondary (6). Abdominal pregnancy is of primary category, which is quite rare, if the fetus is implanted in the abdominal cavity, while retaining the following 3 characteristics, before the 12th week of pregnancy in the blastocyst stage; 1. Both tubes and ovary are in normal condition and there is no evidence of recent or old damage; 2. There is no evidence of the uteroperitoneal fistula;

and 3. The close connection between the gestational product and the peritoneum and the early implantation is sufficient, and the possibility of the initial implantation in the tube is rejected (7). The majority of abdominal pregnancies are secondary and are caused by abortions in the uterus or preterm rupture of uterus due to over-growth of tubes; in such cases, adhesions to the tubes might be somehow maintained, resulting in the provision of required blood.

DISCUSSION AND CONCLUSION

Clinical diagnosis of abdominal pregnancy is difficult due to the lack of specific symptoms and signs (8). Recurrent or persistent abdominal distension, vaginal bleeding and gastrointestinal symptoms can be the first evidence of a good diagnosis, especially if it is associated with an abnormal fetus or the patient has undergone infertility treatments or has a history of uterine surgery (9). Typically, the diagnostic method of abdominal pregnancy is ultrasonography, but its success rate, along with other clinical symptoms, is about 50%, because the presence of gas in the gastro-intestinal space and the change in pelvic anatomy are, both, important during pregnancy (10). Thus, MRI is used in such cases, because, despite high costs, it yields quite successful results in determining the abdominal pregnancy and fetus implantation site and possible adhesions, which are quite necessary for considering the possibility of fetus removal (11). However, it is better to use this method with great caution in the first trimester.

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