Medical Memoranda

A Case of Primary Peritoneal Pregnancy

Owing to its extreme rarity, primary peritoneal pregnancy was not generally recognized as a clinical entity until 1942, when Studdiford, in a case report, settled the question beyond doubt. Before a sure diagnosis may be made, he suggested the following criteria: (1) that both tubes and ovaries are normal, with no evidence of recent pregnancy; (2) the absence of any evidence of a utero-peritoneal fistula; and (3) the presence of a pregnancy related exclusively to the peritoneal surface and young enough to eliminate the possibility of secondary implantation after a primary nidation in the tube.

The following case satisfies all three criteria. At the time of admission the period of gestation could not have been much longer than 25 days, and this accords well with the small gestational nodule of 1.5 cm. diameter. At the time of operation it was not fully appreciated that the case was in fact one of primary peritoneal implantation. Vital evidence in a minute piece of tissue from the gestation sac enabled the rare diagnosis to be made.

CASE REPORT

A Chinese woman aged 35, para-4, was admitted to the Kandang Kerbau Hospital, Singapore, on September 26, 1959, with severe abdominal pain of three hours' duration. The pain had started in the epigastrium and rapidly spread to the flanks. She fainted once at home and again on arrival at the hospital. The last menses began on August 16, 41 days before admission. Her periods were always regular, 3-4 days every 28-30 days. Her last confinement was two years previously.

On examination the patient was in a state of collapse. The blood-pressure was 85/50 mm. Hg and the pulse rate 120 a minute. The abdomen was very tender to palpation and marked shifting dullness was present.

The uterus was normal in size and position. The cervix was very tender to palpation but not obviously softened. The lateral and posterior fornices were also very tender. There were no adnexal masses. A diagnosis of ruptured ectopic pregnancy was made.

Immediate laparotomy via a subumbilical midline incision revealed the presence of 3 pints (1.7 litres) of blood and clots in the peritoneal cavity. The uterus, tubes, and ovaries appeared perfectly healthy. There was a corpus

FIG. 1.—Sketch showing loop of ileum with implantation site as seen at operation.

luteum in the left ovary. As much blood as possible was removed from the peritoneal cavity, but more fresh blood seemed to be issuing from within the abdomen. The abdominal incision was extended upwards to facilitate a thorough search for the source of bleeding. The liver, spleen, and kidneys were normal and intact. The bowels were then systematically inspected. Four feet (1.2

FIG. 2.—Section showing early chorionic villi from operation specimen. (H. and E. $\times 63$.)

metres) from the ileo-caecal junction was a haemorrhagic nodule, about 1.5 cm. in diameter, on the ileum near its mesenteric border (Fig. 1). A pulsating mesenteric artery was spurting blood from a small rupture in the nodule.

On close scrutiny the nodule contained what appeared to be a small piece of placental tissue. This was saved for histological examination. The bleeding-point was controlled and the raw area on the ileum repaired with an atraumatic suture. The patient was given 3 pints (1.7 litres) of blood. Convalescence was uneventful. She menstruated for the first three days and returned home on the eighth day.

Pathological Report.—The tissue on section showed areas of blood clot and chorionic villi (Fig. 2).

I thank Dr. E. K. Koh for his sketch (Fig. 1) and the Director of Medical Services, Singapore, for permission to publish.

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REFERENCE

Studdiford, W. E. (1942). *Amer. J. Obstet. Gynec.*, 44, 487.

The medical research committee of the National Deaf Children's Society has drawn up a research programme of the most urgent problems which need investigation and which the Society is prepared to support. It includes research into the following: causes of congenital deafness; certain aspects of prevention of deafness; improved methods of testing the hearing of small children; the rehabilitation of the deaf child; the best type of amplifying system in the home; and acoustic conditions in schools, classrooms and halls, and rooms in which routine school audiometry is carried out. An early opportunity will be taken to bring together for informal discussion research workers in the various aspects of the subject. The membership of the medical research committee is now as follows: Mr. I. G. ROBIN (*chairman*), Mr. J. CHALMERS BALLANTYNE, Mr. S. MAWSON, Mr. M. PARSONS, Dr. L. FISCH, and Mr. M. REED, B.Sc. (all of London); Dr. J. FULTON CHRISTIE (Glasgow); Mrs. FLORENCE CAVANAGH (Manchester); Mr. GAVIN LIVINGSTONE and Mr. R. G. MACBETH (both of Oxford); Mr. R. HUNT WILLIAMS (Reading).