Laparoscopic Removal of Lithopaedion

S. Sujith Kumar · A. Sambanda Murthy ·
D. Muthiah Selva Kumar · R. Thiru Navukarasu

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Abstract Lithopaedion means a calcified Dead foetus and it is usually extrauterine. We report a case of 32 year old female who presented to us with right iliac fossa mass. On diagnostic laparoscopy, it was found to be Lithopaedion and the same was removed in toto through laparoscopic approach.

Keywords Lithopaedion · Fetus · Abdominal pregnancy · Laparoscopy

Introduction

A Lithopaedion (Greek: Litho=stone, paedion=child) is a rare condition which occurs most commonly when a fetus dies during an abdominal pregnancy. The incidence of abdominal pregnancy is 1:11,000 pregnancies and lithopaedion occurs in 1.5–1.8% of these cases [1, 2]. In medical literature, so far only 300 cases have been reported [2–4]. We report a rare case of laparoscopic removal of lithopaedion.

Case Report

A 32 year old woman presented with complaints of intermittent lower abdominal pain in the right iliac fossa

region of 8 years duration. There were no other associated symptoms. The patient had 2 children, both were full term normal vaginal deliveries and had undergone tubectomy 7 years back. She was having regular menstrual cycles.

On clinical examination of the abdomen, there was tenderness in the Mcburney's point and a mass of about 2×2 cm was present in the right iliac fossa. Patient was clinically diagnosed to have appendicular lump and treated conservatively. Abdominal radiograph showed a radioopaque, calcified, globular shaped shadow in the right iliac fossa (Fig. 1). Ultrasound of abdomen showed right ovarian cyst with a calcified mass in the right iliac fossa. The patient was taken up for diagnostic laparoscopy.

Intraoperatively, there was a mass in the right iliac fossa which was completely wrapped all around by omentum (Fig. 2). On releasing the omentum, a calcified fetus was found. Through laparoscopic approach the lithopaedion was removed in toto. Figure 3. Radiological imaging of lithopaedion taken postoperatively confirmed the diagnosis (Fig. 4). Forensic analysis of the specimen estimated the age to be around 12 weeks.

Discussion

Lithopaedion was first described by Albucasis in the 10th century AD, but fewer than 300 cases have been reported in 400 years of medical literature. Other terms used for lithopaedion are calcified foetus, ostembryon and osteopedion. In literature the age of the patient varies from 23–00 years, two- third of them being over 40 years [5]. Usually the stone baby remain undiagnosed for

S. S. Kumar (✉) · A. S. Murthy · D. M. S. Kumar ·
R. T. Navukarasu
Department of General Surgery,
Vinayaga Missions Medical College & Hospital,
Karaikal, 609602 Pondicherry, UT, India
e-mail: docsuji1977@yahoo.co.in

Fig. 1 Preoperative abdominal radiograph showing radiopaque globular shadow

decades, and is diagnosed only when the patient is examined for other conditions.

Abdominal pregnancy, results from the rupture of tubal or ovarian pregnancy [1, 2]. Development of this fetus is usually normal until its death. After which dehydration of tissues and calcium infiltration occur. Most of the time, patient will remain asymptomatic for years. Only in some cases there will be pain and heaviness in the abdomen. Previously diagnosis was usually made by clinical history and radiologic imaging. Now-a-days, laparoscopy is used as a diagnostic tool as well as for therapeutic purpose as in our case.

Differential diagnosis includes ovarian tumours [6], myomas, teratoma, inflammatory masses and urinary tract

Fig. 3 Excised lithopaedion

or bladder tumours [3]. Surgical removal is the treatment of choice. To the best of our knowledge this is the first case report of laparoscopic removal of lithopaedion from India. A case was reported in United States [7].

Fig. 2 Intraoperative picture showing lithopaedion

Fig. 4 Radiograph of excised lithopaedion

References

1. Costa SD, Presley J, Bastert G (1991) Advanced abdominal pregnancy. *Obstet Gynecol Surv* 46:515–525
2. Frayer CA, Hibbert ML (1999) Abdominal pregnancy in a 67 year old woman undetected for 37 years: a cases report. *J Reprod Med* 44:633–635
3. Spiritos NM, Eisenkop SM, Mishell DR (1987) Lithokelyphos: a case report and literature review. *J Reprod Med* 32:43–46
4. Bondeson J (1996) The earliest known case of lithopaedion. *J R Soc Med* 89(1):13–18
5. Lachman N, Satyapal KS, Kalideen JM, Moodley TR (2001) Lithopaedion: a case report. *Clin Anat* 14:52–54
6. Kim MS, Park S, Lee TS (2002) Old abdominal pregnancy presenting as an ovarian neoplasm. *J Korean Med Sci* 17: 274–275
7. Burger NZ, Hung EY, Kalof AN, Casson PR (2007) Lithopaedion: laparoscopic diagnosis and removal. *Fertil Steril* 87 (5):1208–1209