

**A case of tuboabdominal pregnancy secondary to an incomplete tubal abortion / by B.S. Talmey.**

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A CASE OF TUBOABDOMINAL PREGNANCY  
SECONDARY TO AN INCOMPLETE  
TUBAL ABORTION.

By B. S. TALMEY, M. D.,  
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former Pathologist to the Mothers' and Babies' Hospital, etc.

For the practising physician the report of one case of our daily practice showing unusual and interesting features is of greater value than a dozen pages of theory about such a case. For this reason it seemed to me that the following case with its unusual difficulties of diagnosis deserves to be known to the profession. We may then be better able, when called to a patient suffering from great abdominal pains, to take into consideration the possibility of an extrauterine pregnancy with atypical symptoms even in a single girl, and not always to think of the appendix.

CASE.—On the 28th of February at 10 o'clock in the evening I was called by two physicians to see in consultation a patient with the following history:

A month previous to the present attack the patient was suddenly taken ill with terrible pains in the lower abdomen compelling her to stay in bed. She had been always well and had never missed her menstruation, although the latter was lately irregular. Four physicians were called in, one after the other, and all seemed to have thought of some disturbance of the alimentary canal from acute gastritis down to the favored appendicitis, and treated the case accordingly. Under the influence of opiates and ice applications the pains subsided after a week and the patient was able to leave her bed,—though not her room. She continued to improve until in the morning of the 26th of February she felt

so well that she began to prepare her clothes to go to a ball the same evening. While trying to take out a skirt from the closet and thus lifting her arms above her head, she was again suddenly seized with terrible pains in the lower abdomen and almost fainted. Her mother had to lift her up and bring her to bed. Two days later I was called in consultation by her two physicians.

*Status Præsens.*—The patient, a young girl of twenty-two years of age, single, is so pale and anæmic as to give the impression of having lost the last drop of blood. The pulse is extremely weak and rapid, about one hundred and thirty beats in a minute, the temperature is 102° F. The patient complains of great pains in the back and in the abdomen. The latter is quite distended, tympanitic and very sensitive to touch. Her menstruation having been lately irregular I decided to make a gynæcological examination. The sensitiveness of the abdominal wall and the rigidity of the muscles offered great difficulties to the combined examination. Still I could make out the uterus to be somewhat enlarged. The cervix was found to be soft to touch and flabby. The external os was patulous and open for the tip of the finger. In the left fornix a mass of the size of a goose egg and of soft consistency could be plainly felt, extending to the level of the line between the two spinæ anteriores superiores of the ilia. The touch of the tumor caused the patient great pain.

This condition of the genitals caused me to make the diagnosis extra-uterine pregnancy in spite of the history of the irregular two attacks with an interval of over a month. The patient was taken to the hospital the next morning and operated upon.

*Operation.*—At the opening of the abdomen in the linea alba I found the entire pelvis filled with clots and liquid blood, which I removed with both hands. Among the removed clots and blood I found an embryo nine centimetres long, poorly developed, and apparently dead for some time. The placenta of the size of the palm of the hand was found partly attached within the ampullar end of the tube, which was greatly enlarged and extended. The greater part of the extended placenta was found implanted on the intestines and on the parietal

*Talmev: Tuboabdominal Pregnancy.*

peritonæum. After having separated without difficulty the attachments between the placenta and the bowels I removed the tube and the ovary on the left side, packed the Douglas sac with iodoform gauze, and drained through the posterior fornix of the vagina. The patient made an uneventful recovery and was able to leave the hospital after three weeks.

*Epicrisis.*—The interesting feature in this case is the change of an original tubal gestation into the tuboabdominal pregnancy through an incomplete tubal abortion. The original tubal gestation of two months' duration was interrupted by the incomplete abortion which was the cause of the first attack. The part of the ovum remaining within the tube continued to grow for about four weeks after the abortion, the extruding part becoming implanted on the bowels. The evading villi crept out and gained visceral attachments without ever losing their hold on the tube. Hence at no time was the ovum cut off from its nutritive supply. The original tubal gestation thus turned into a tuboabdominal pregnancy. The second crisis occurred through the rupture of the amniotic sac four weeks later, the foetus probably escaping through the rent in the amnion.

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