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## CASE REPORT

### Intramural Pregnancy: An Intriguing Diagnosis in a Resource Constraint Practice

*Grossesse Intramurale: Un Diagnostic Intrigant dans une Pratique à Ressources Limitées*

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#### ABSTRACT

A 30-year-old G4P1<sup>+2</sup>(1 alive) woman with a history of cervical incompetence initially presented at a gestational age (GA) of 10 weeks and 6 days with lower abdominal pain and was managed conservatively as a case of threatened miscarriage. She re-presented two weeks later and was admitted on account of lower abdominal pain and spotting per vagina of 4hrs duration. An obstetric ultrasound revealed an intrauterine pregnancy invading the posterior myometrium with thinning of the uterine wall and hemoperitoneum. She subsequently had an exploratory laparotomy, evacuation of the hemoperitoneum, separation of the fetus from the myometrium, and repair with no. 2 vicryl suture. The patient recovered satisfactorily and had two units of whole blood transfused. She was managed with analgesics, hematinics and broad-spectrum antibiotics. She was discharged on the 4<sup>th</sup> post-operative day to be followed up at the gynaecological clinic. **WAJM 2024; 41 (7): 831 - 835**

**KEYWORDS:** Intramural Pregnancy, Dilemma, Resource Constraint Practice.

#### RÉSUMÉ

**CONTEXTE:** Une femme de 30 ans, G4P1+2(1 vivant) avec des antécédents d'incompétence cervicale, s'est initialement présentée à un âge gestationnel (AG) de 10 semaines et 6 jours avec des douleurs abdominales basses et a été prise en charge de manière conservatrice pour une menace de fausse couche. Elle s'est à nouveau présentée deux semaines plus tard et a été admise en raison de douleurs abdominales basses et de saignements vaginaux depuis 4 heures. Une échographie obstétricale a révélé une grossesse intra-utérine envahissant le myomètre postérieur avec amincissement de la paroi utérine et hémopéritoine. Elle a ensuite subi une laparotomie exploratrice, une évacuation de l'hémopéritoine, une séparation du fœtus du myomètre, et une réparation avec un fil de suture vicryl n° 2. La patiente a récupéré de manière satisfaisante et a reçu deux unités de sang total en transfusion. Elle a été prise en charge avec des analgésiques, des hématiniques et des antibiotiques à large spectre. Elle a été autorisée à sortir le 4<sup>ème</sup> jour post-opératoire avec un suivi prévu à la clinique gynécologique. **WAJM 2024; 41 (7): 831 - 835**

**MOTS-CLÉS:** Grossesse intramurale, Dilemme, Pratique à ressources limitées.

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