

# Management of a Viable Retroperitoneal Abdominal Pregnancy: Case Report of a Two-staged Approach

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## ABSTRACT

**Introduction:** Abdominal pregnancy is a rare form of ectopic pregnancy and the maternal implications are significant. Diagnosis and management of a symptomatic patient is challenging and requires a dedicated multidisciplinary team. We report the successful management of a symptomatic patient with a retroperitoneal pregnancy, who presented with an acute abdomen. **Case Report:** Madam NK was a 35-year-old housewife who had a previous left tubal pregnancy requiring a left salpingectomy. She was in her 4th pregnancy and presented at 10 weeks' period of amenorrhea with an acute abdomen. A decision for laparotomy was made in a nearby tertiary hospital but intraoperatively, she was noted to have a viable abdominal pregnancy and was eventually referred to HKL for further management. We performed a CT angiography and noted that she had a large retroperitoneal haematoma with feeding vessels from the lumbar arteries which were systematically embolised. Her abdominal pain resolved but the foetus was still viable with a crown rump length corresponding to 10 weeks. The pregnancy was retroperitoneal and following a multidisciplinary discussion, we performed a CT guided KCL intra-amniotic administration and she was managed expectantly. Her initial BHCG of 93,099IU on admission normalised after eight weeks while the haematoma reabsorbed after 10 weeks. She remained well and was discharged home four weeks post procedure. **Conclusion:** Abdominal pregnancy is not uncommon, and the management requires a dedicated multidisciplinary team. A two staged approach of embolization and intramniotic KCL administration are viable options and management in experienced centres are essential for optimal outcomes.

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# Subacute Combined Degeneration of the Spinal Cord: An Uncommon Presentation of Vitamin B12 Deficiency in Pregnancy

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## ABSTRACT

**Introduction:** Subacute combined degeneration of the spinal cord is a rare, reversible neurological condition. We report a primigravida at 22 weeks of gestation who presented with progressive weakness of her lower limbs which was a diagnostic dilemma. **Case Report:** A 26-year-old teacher presented with progressive weakness of bilateral lower limbs at 22 weeks of gestation. She had a deep venous thrombosis at 11 weeks of pregnancy with a large pedunculated uterine fibroid, requiring treatment dose of low molecular weight heparin. Neurological examination revealed reduced power bilaterally, worsening from 4/5 to 0/5 over the span of one month. Sensation was reduced from L1 to L5 spinal level with hyperreflexia and hypertonia for both lower limbs. Her Babinski was up going bilaterally, suggesting an upper motor neuron lesion. An MRI of the spine was performed and following a multidisciplinary team discussion by the relevant experts, a provisional diagnosis of vitamin B12 deficiency was made despite a normal serum B12 level. She was initiated on parenteral B12 injections and her symptoms progressively improved with time. We delivered her at 37 weeks via an elective caesarean section while she continued to recover from her paralysis until she was able to walk independently four months post-delivery. **Conclusion:** Imaging and interventions are not contraindicated in pregnancy. A multidisciplinary team of experts is crucial in managing patients with complex medical conditions in pregnancy. Subacute degeneration of the cord may be related to B12 deficiency even with a normal serum B12 levels.