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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/19677
DOI URL: http://dx.doi.org/10.21474/IJAR01/19677

RESEARCH ARTICLE

LITHOPEDION: A CASE REPORT

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Manuscript Info

Manuscript History
Received: 19 August 2024
Final Accepted: 22 September 2024
Published: October 2024

Key words:-
Lithopedion, Ectopic Pregnancy, Abdominal Pregnancy

Abstract

This article presents a case of lithopedion, a rare condition characterized by the calcification of a deceased fetus within the mother's abdomen. The objective is to highlight the clinical features, diagnostic challenges, and management strategies associated with this phenomenon. We describe the case of a 34-year-old patient, gravida 2 para 1 (G2P1), in whom lithopedion was incidentally discovered during a cesarean section.A lithopedion, also known as a "stone baby," refers to the calcification of a fetus following intra-abdominal fetal demise. This occurs when the non-viable fetus is encased in a calcified shell, a process termed fetal mummification. It is an exceptionally rare outcome of a failed intrauterine or ectopic pregnancy [1].Our case is unusual, as the lithopedion was discovered incidentally during a cesarean section in a woman with a history of infertility. The newborn presented in a breech position, likely due to the reduced intrauterine space caused by an adnexal mass.

Introduction:-

Observation:-

The patient was a 34-year-old woman with a history of one miscarriage and insulin-dependent diabetes. She reported chronic pelvic pain and 10 years of infertility. Upon further questioning, she mentioned experiencing pregnancy-like symptoms approximately eight years earlier. The patient had never undergone surgery and reported a regular menstrual cycle of 28 days with no abnormalities.

She presented to the emergency room at the onset of labor. Vaginal examination revealed a cervix dilated to two fingers, ruptured membranes, and an incomplete breech presentation. Obstetric ultrasound confirmed a progressing singleton pregnancy in breech presentation, with the fetalhead extended .

An emergency cesarean section was performed. During the procedure, a left adnexal mass was discovered incidentally after the fetus was delivered. A left adnexectomy was performed to remove the mass, which was roughly shaped like a flexed fetus. The mass was sent for pathological analysis, which confirmed the presence of a lithopedion. The patient's postoperative recovery was uneventful.

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Figure 1:- Intraoperative aspect of Lithopedion.

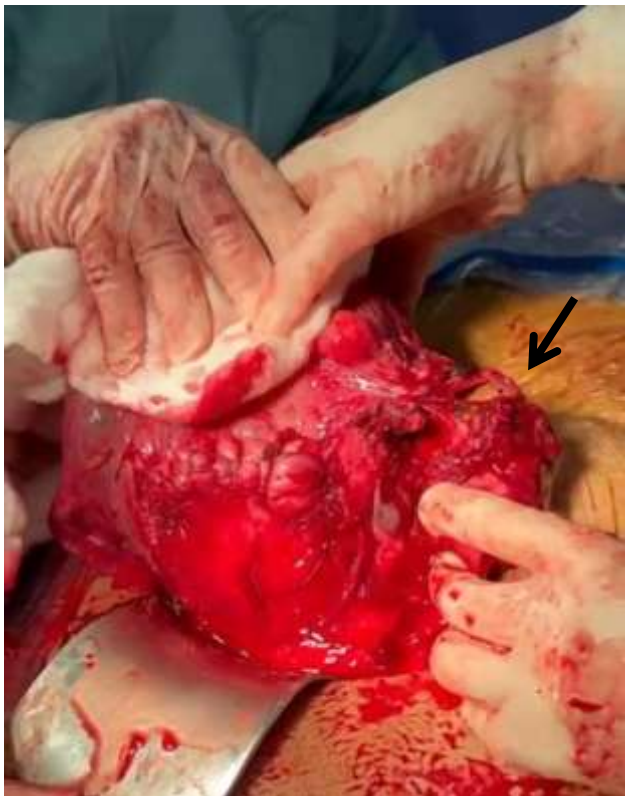

Figure 2:- Lithopedion operating specimen.

Discussion:-

Lithopedion is a rare condition resulting from an undiagnosed and untreated advanced abdominal pregnancy [2]. It occurs in only 0.0054% of all pregnancies [3]. In our case, surgical exploration suggested that the lithopedion originated from an ectopic pregnancy in the left fallopian tube.

The time between fetal deathand the discovery of calcification in a lithopedion can vary significantly. In many cases, lithopedion is identified years or even decades after fetal demise [3]. In our case, the condition was discovered incidentally during an emergency cesarean section and estimated to have been present for approximately eight years.Although reports suggest that the average age of women diagnosed with lithopedion is around 49 years [4], our case is unusual because it occurred in a young woman with 10 years of infertility.

Lithopedion can remain asymptomatic for extended periods [4]. However, it may sometimes present with symptoms such as abdominal pain, a sensation of heaviness, or signs of organ compression. In most cases, the condition is discovered incidentally [5], often during imaging studies (such as X-rays or CT scans) performed for unrelated reasons or during pelvic surgeries, as in our case. In rare instances, lithopedion may only be identified during a post-mortem examination or surgery for an unrelated condition.

In rare cases, lithopedion can lead to complications such as bowel obstruction. Glass and Abramson [7] reported a case in 1953 involving volvulus of the cecum caused by a lithopedion. Infection is another potential complication; for instance, Jain and Eckert [6] described a case resembling a pelvic abscess caused by a lithopedion [5].

CT scans and MRIs are the most effective imaging modalities for diagnosing lithopedion, as they help differentiate it from conditions such as ovarian tumors, epiploicappendagitis, or aortic aneurysm [8]. Symptomatic cases of lithopedion typically require surgical removal, with the choice of technique depending on the size and location of the mass. Laparotomy is preferred for larger or more complex masses, while laparoscopy can be used for smaller or less complicated cases [5].

Some studies suggest that cases of lithopedion are more frequent in areas where prenatal care is less accessible and women cannot afford regular check-ups. Socio-economic factors influence access to medical care, and the ability to detect and treat pregnancy complications [3].

Lithopedion is very rare phenomenon, with cases frequently discovered years after the fetal demise, often during imaging studies conducted for unrelated conditions. This condition typically arises when a pregnancy progresses beyond the point where a miscarriage would usually occur, and the body does not expel the non-viable fetus. The prognosis is generally favorable, with complications being rare. Although lithopedion is well-documented in medical literature, ongoing research and case reporting continue to enhance our understanding of this unique condition.

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