

# Conservative Management of a Lithopedion: A Case Report

M. Sali<sup>1</sup>, A. Aboufalah<sup>1</sup>, L. Rimi<sup>2</sup>, A. Bassir, B. Fakhir, H. Asmouki, A. Soummani

<sup>1</sup>Department of Gynecology and Obstetrics, CHU MEDVI of Marrakech, Morocco

<sup>2</sup>Private practice in Gynecology and Obstetric, Tetouan, Morocco

**Abstract:** *The lithopedion is an extremely rare entity, only 300 cases are described to date in the literature. This pathology often goes under diagnosed and usually discovered incidentally on imaging examinations, due to the poor symptomatic manifestations. Different management can be adopted ranging from simple monitoring to surgical treatment. We report a case of a 78 year old patient, complaining of chronic abdominal pain, who was diagnosed with a lithopedion.*

**Keywords:** Lithopedion, abdominal pregnancy, conservative management

## 1. Introduction

Lithopedion is a very rare condition that refers to an abdominal pregnancy evolving towards fetal death and mummification (1). This condition is secondary to the lack of initial diagnosis of the pregnancy and its location. We report a case of a 78 year old patient, G65P, who was diagnosed with a Lithopedion revealed by abdominal pain.

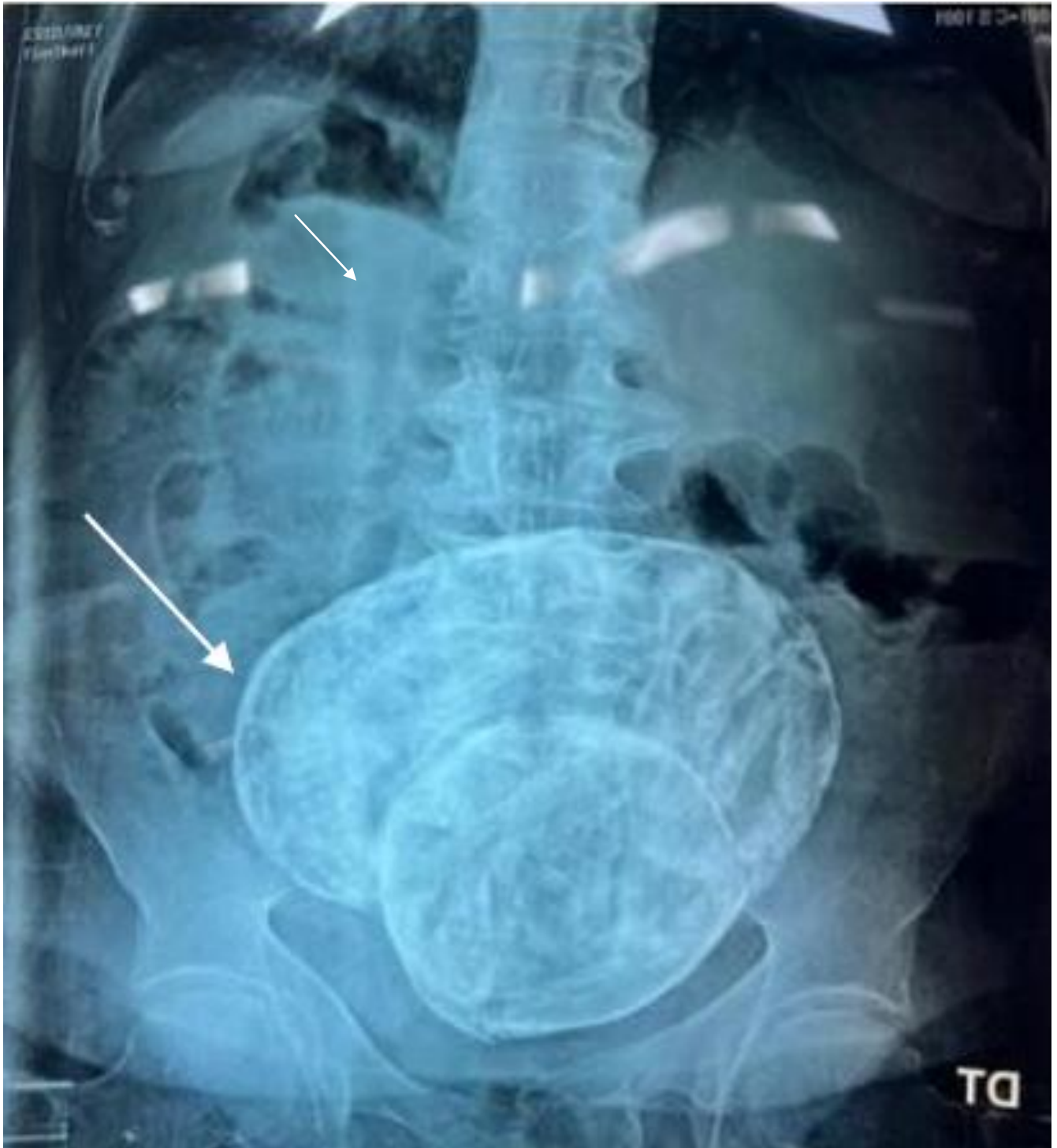
## 2. Case Report

The patient was 78 years old and had five healthy children by vaginal delivery. Her medical history included insulin-dependent diabetes and hypertension under treatment; as for her surgical history, the patient had never been operated on; her last delivery was 40 years ago; she had been menopausal for 30 years; her menarche date was 12 years ago; the patient reported a regular menstrual cycle with no particularities (24 days). The patient presented in gynecological consultation for chronic pelvic pain with sensation of heaviness. The

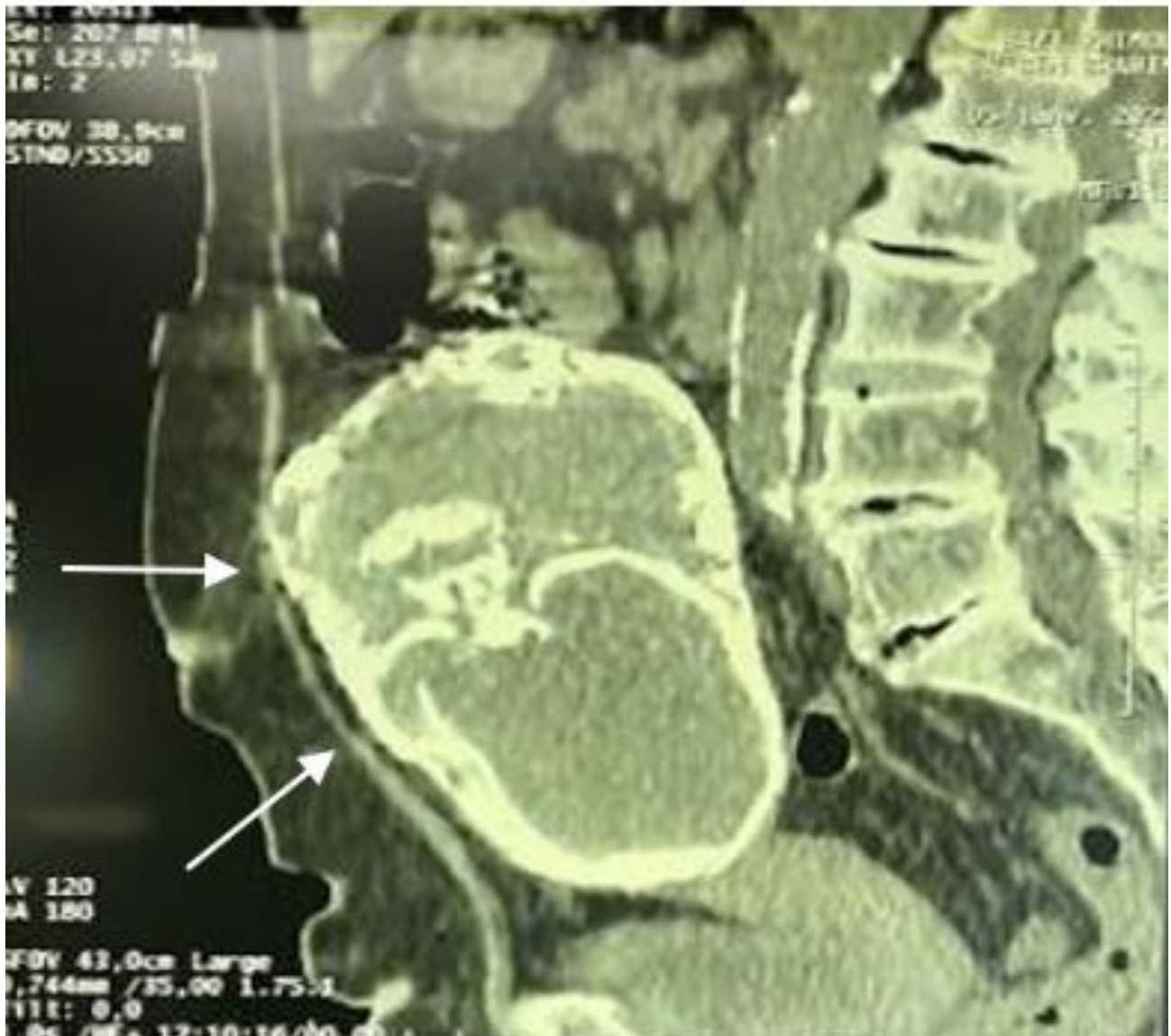
clinical examination noted the presence of a hard abdominopelvic mass on palpation reaching the umbilicus. An abdominal ultrasound revealed an abdominopelvic mass with a long axis of 25 cm. Abdominal without preparation X-ray revealed a large irregular calcified mass of heterogeneous density also showing bony structures [Figure 1].

Endo-vaginal ultrasound showed an atrophied uterus with a uterine vacuity line. Abdominal-pelvic computed tomography (CT) scanned the fetal anatomy in great detail showing the calcified shell of the uterus. Details showing the calcified shell of the fetus as well as the spine and ribs.

Based on the advanced age of the patient and the paucisymptomatic signs, found on questioning and clinical examination. It was decided that the calcified fetus should be left in place and that no further surgery would be recommended.



**Figure 1:** Front view abdominal radiograph shows a large calcified heterogeneous mass in the lower abdomen with a maximum length of 25 cm.



**Figure 2:** Abdominopelvic CT scan of a sagittal slice revealing the fetal anatomy in great detail showing the calcified shell and spine of the fetus.





**Figures 3:** Abdominopelvic CT scan of a cross section of the spine and ribs are visible

### 3. Discussion

Lithopedionis a rare form of ectopic pregnancy. The first reported cases in the literature date back to the ancient times in the south western region of the world, representing the first medical report in 2100 years (first autopsy) (2).

The first detailed description of lithopedion was described by Dr. Kuchenmeister according to the type of lithopedion and the calcified structures (3)

According to whether the calcification can interest only the fetus or the appendices of the egg or both, one distinguishes the lithopedion proper (calcification of the fetus but not the appendices), lithokeliphos (the membranes form a calcic shell while the fetus almost not calcified) and lithokeliphopedion (fetus and appendages are calcified) (4)

This pathology can appear following an intrauterine pregnancy or secondarily following an abdominal pregnancy or tubal resection or an intrauterine pregnancy. In our case, the pregnancy was found in the abdomen.

The exact age of the formation of the lithopedionis usually unknown when discovered at an advanced age, like in our case.

In the literature, two thirds of the patients were older than forty years, with extremes ranging from 20 to 100 years (5). Our patient was seventy-eight years old, which is consistent with other studies (6) (7) (8).

The socio-economic and intellectual level, as well as the lack of health care facilities, often leads to a delay in the first prenatal consultation, or even to a total absence of follow-up. This can lead to a misdiagnosis of the ectopic pregnancy and its evolution towards lithopedion.

As for the clinical picture, it is often poor or even non-existent (9). In our case, the patient consulted with pelvic pain. In this pathology, radiology is of great help. If ultrasound can only diagnose an empty uterus and the presence of a calcified lateral uterine mass, CT and especially MRI can confirm the diagnosis (4) (10). However, other diagnoses must be eliminated, in particular calcified ovarian tumors. In our case, ultrasound showed an empty uterus and a calcified extra-uterine mass, and CT confirmed the presence of bony structures in the mass. As for the management, it remains uncodified (11). Indeed, while some authors recommend surgical treatment, others, given the stability of the picture, prefer to wait and see.

Treatment of these patients must be individualized, taking into account the patient's age, comorbidities, symptoms and imaging findings such as size, location and possible adhesions to adjacent structures. It is necessary to assess the risk/benefit ratio of a surgical approach in these cases. In this particular case, it was considered that the risk of excision outweighed its benefit, and the lithopedion was therefore left in place. (12) (13).

### 4. Conclusion

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Lithopedionis a rare pathology often discovered by chance, in post partum, or during complications, (14) or even in rare cases during pregnancy. The confirmation of the diagnosis is essentially radiological (15). The therapeutic attitude depends on several factors, notably the age of the patient, and the functional and physical signs that this pathology generates; it can be expectative or more aggressive, surgical.

### Competing Interests

The authors declare that they have no competing interests

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