A retrospective review of advanced abdominal pregnancy after 20 weeks gestation in our country. Tatsuji Hoshino et al. Obstetrics and Gynecology, Meiwa General Hospital, Nishinomiya, Hyogo, Japan.

Objectives
A retrospective study was performed on cases of advanced abdominal pregnancy (AAP) after 20 weeks gestation. We examined how to diagnose AAP in the second half of pregnancy, the kinds of conditions associated with AAP, and how to manage placenta in laparotomic surgery.

Methods
We searched our national retrieval system with the key word, “abdominal pregnancy” from 1983 to now. There were ten cases of AAP reported in which clinical course was adequately described. We contacted the authors directly to clarify any unclear points. We reviewed presumptive disease before laparotomic surgery, presence or absence of preoperative diagnosis, presence or absence of baby malformation, and presence or absence of simultaneous excision of placenta.

Results
There were 2 cases which were diagnosed preoperatively, 1 case after intrauterine fetal death and 7 cases in intraoperatively. The 2 cases were diagnosed preoperatively by ultrasound and MRI. In the 8 cases that had not been diagnosed preoperatively, 6 were made with a presumptive diagnosis and 2 were not.

Conclusions
In recent cases, preoperative diagnosis of AAP is made by MRI and ultrasound. In the absence of AAP diagnosis, uterine malformation, abnormal presentation, placenta previa, and uterine fibroids were considered.

The presumptive diagnoses were placenta previa in 2 cases, bicornuate uterus in 1 case, breech presentation in 1 case, a combination of uterine fibroids and placenta previa in 1 case, and a combination of abnormal presentation, abnormal placenta and uterine fibroids in 1 case. The gestational weeks ranged from 20 to 42 weeks, with a median of 37.5 weeks. Simultaneous removal of placenta during laparotomy was performed in 5 cases and a second-look removal of placenta was performed in 5 cases. There were 1 male and 7 female in 8 cases, excluding the not viable cases at 20 and 21 weeks gestation. Neonatal birth weight ranged from 1765 to 3520 g in 8 cases. Complicated malformations were described in 6 of 7 cases but those were transient because of compression in the abdominal cavity.