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Lithopedion Presenting as Pelvi-Peritonitis with Septic Shock: A Case Report

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Abstract: *Lithopedion, a rare complication of extrauterine fetal demise and calcification, can remain asymptomatic for years or present with life-threatening complications. We report the case of a 40-year-old woman presenting with pelvic pain, chronic constipation, recurrent vomiting, lower limb edema, and systemic inflammatory response. Imaging revealed a calcified abdominal mass consistent with a lithopedion, complicated by peritoneal fistulization and extensive venous thrombosis. The patient developed septic shock, necessitating emergency exploratory laparotomy. Intraoperative findings confirmed a lithopedion with surrounding adhesions, abscess formation, and bowel involvement. Postoperatively, she required intensive care support but recovered with antimicrobial therapy and anticoagulation. This case underscores the importance of early recognition, multidisciplinary management, and timely surgical intervention to prevent severe lithopedion-related complications.*

Keywords: extrauterine, pregnancy, stone baby, abdominal.

Introduction:

Lithopedion, or "stone baby," occurs when a nonviable ectopic pregnancy undergoes calcification within the abdominal cavity. Although typically asymptomatic, it may present with serious complications such as infection, peritonitis, or vascular involvement. We describe an unusual case of lithopedion leading to pelvi-peritonitis, venous thrombosis, and septic shock.

Case Presentation:

A 40-year-old woman, divorced and living alone, presented with a one-month history of diffuse pelvic pain, chronic constipation, vomiting, and progressive bilateral lower limb edema. Symptoms evolved in a context of fever, weight loss, and general deterioration. Her gynecological history included amenorrhea for one year and a second pregnancy with intrauterine fetal death two years prior, with no known expulsion of the fetus.

On examination, the patient was cachectic, febrile (38.5°C), tachycardic (105 bpm), and normotensive (12/6 cmHg). The abdomen was distended with mild tenderness and dullness. Lower limb edema extended to the inguinal region. Gynecological examination revealed a reddish cervix without bleeding or leucorrhea, and no pain on uterine mobilization.

Initial laboratory findings showed anemia (hemoglobin 6.4 g/dL), elevated inflammatory markers (CRP 106 mg/L), and negative hCG. Imaging studies were performed:

- **Ultrasound:** Fetal death in utero (24 weeks' gestation) with moderate peritoneal effusion.
- **Abdominopelvic CT scan:** Lithopedion with fistulization into the pelvic cavity and partial thrombosis of the right superficial femoral and left common iliac veins.

Given the findings, the patient was started on broad-spectrum antibiotics, anticoagulation, and received blood transfusions. Despite treatment, she developed septic shock, necessitating an emergency surgical intervention.

Surgical Findings and Outcome: Exploratory laparotomy confirmed an intra-abdominal lithopedion with adhesions and chronic inflammatory changes. The lithopedion was successfully removed. Postoperatively, the patient required intensive care support, with gradual clinical improvement.

Discussion:

Lithopedion is a rare entity with an incidence of 0.0054% of all pregnancies. It occurs when an abdominal ectopic pregnancy undergoes calcification as a defense mechanism against infection. Most cases remain asymptomatic, but complications can arise due to chronic inflammation, adhesions, or infection. Our patient developed severe inflammatory response, thrombosis, and septic shock, necessitating urgent surgical intervention. This case underscores the need for awareness of lithopedion as a differential diagnosis in women with unexplained abdominal symptoms and a history of pregnancy loss.

Previous studies have documented similar cases where lithopedion presented with complications such as peritonitis and bowel obstruction (Fagan & Pretorius, 2005; García-Bernal et al., 1999). Furthermore, some reports have highlighted the association between lithopedion and thrombotic events, reinforcing the need for prompt diagnosis and management (Iwuh & Nwafor, 2017). Early imaging, particularly CT scans, plays a crucial role in identifying intra-abdominal calcifications indicative of lithopedion (Genta et al., 2010).

Conclusion:

Lithopedion, though rare, can lead to life-threatening complications if undiagnosed. A high index of suspicion is required in patients with a history of pregnancy loss and chronic pelvic symptoms. Early imaging and surgical intervention are crucial to prevent severe morbidity and mortality.

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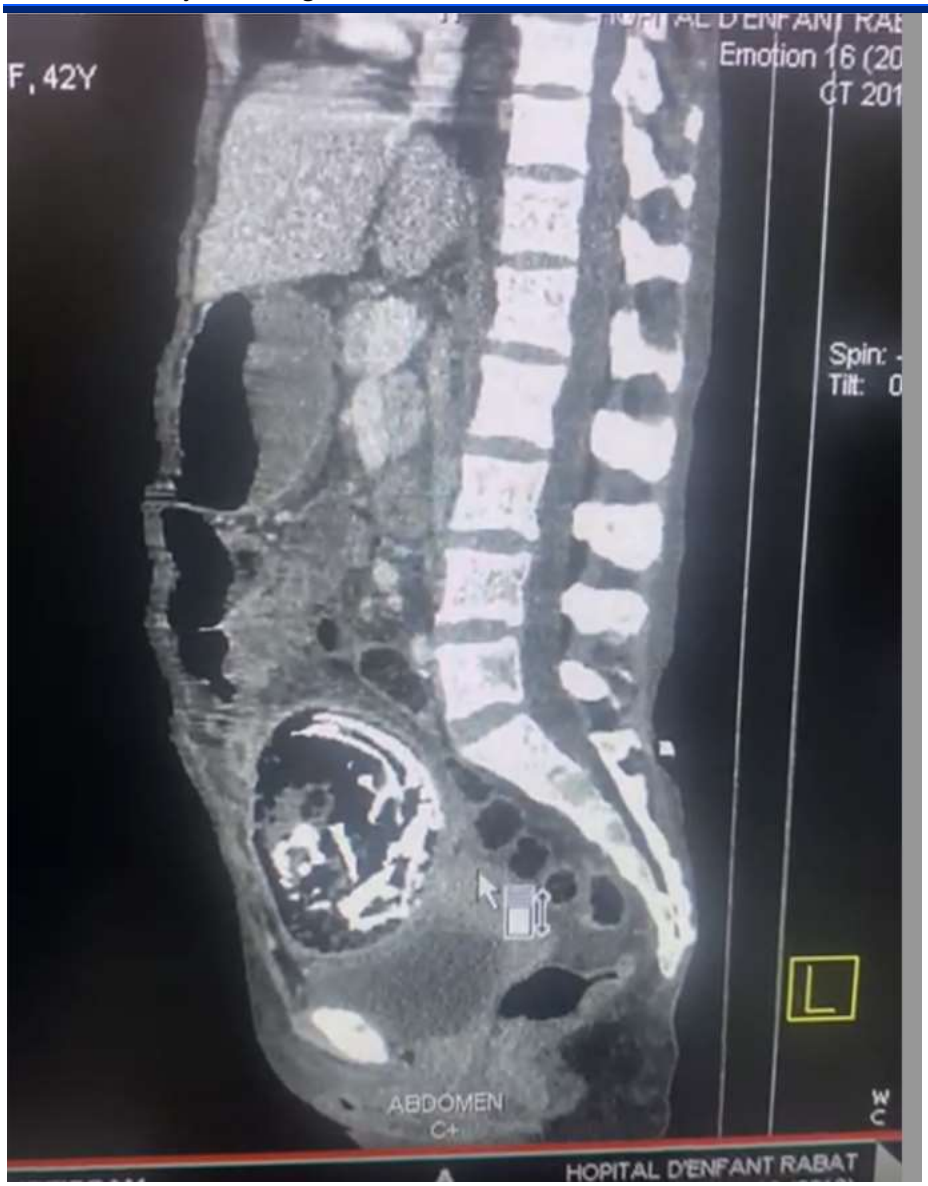

FIGURE 1: abdominal TDM of patient showing lithopedion on extra-uterine.