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Stone Baby Syndrome in Indian Medical History: A Comprehensive Review

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Abstract :

Lithopaedion, or "stone baby," is an extremely rare medical condition occurring in fewer than 350 documented cases worldwide. It arises from an undiagnosed and untreated ectopic pregnancy, where the fetus dies and undergoes calcification instead of being reabsorbed by the mother's body. This phenomenon occurs when specific conditions are met, including fetal survival beyond three months, a sterile environment, and the failure of medical diagnosis. Lithopaedions often remain asymptomatic for years, though they can occasionally lead to complications such as abdominal pain, intestinal obstruction, and pelvic abscess. Diagnostic identification is typically incidental, occurring during imaging studies, surgeries, or autopsies. While physical examinations may occasionally reveal a palpable mass, advanced imaging techniques like ultrasound, CT, and MRI are more reliable in confirming the presence of a calcified fetal mass. Proper differentiation from other calcified abdominal conditions, such as ovarian tumors and uterine fibroids, is crucial. Prompt surgical removal is generally recommended. The document also presents notable case reports from India, highlighting rare occurrences of lithopaedion across different regions. A case from Orissa in 2007 involved a 40-year-old woman with a history of a missed abortion, who developed intestinal obstruction due to two calcified fetal skeletons. In 2012, a 70-year-old woman in West Bengal was found to have carried a 35-year-old lithopaedion. A similar case in Maharashtra in 2015 involved a woman unknowingly carrying a fetal skeleton for nearly 40 years. The most recent case from Andhra Pradesh in 2024 describes the successful removal of a calcified fetus from a 27-year-old woman suffering from severe abdominal pain. These case studies emphasize the importance of early detection and intervention in ectopic pregnancies to prevent such rare but significant medical conditions.

Keywords: *Abdominal pregnancy, Ectopic pregnancy, CT-scan, Stone baby, Lithifaction, Radiographs*

Introduction:

Lithopaedion, commonly referred to as a "stone baby," is an extremely rare medical occurrence, with fewer than 350 cases recorded in the literature. This condition occurs when an advanced ectopic pregnancy halts its development and undergoes a process of lithification, leading to the formation of a calcified mass resembling a fetus. Generally, lithopaedions are asymptomatic for many years, although they can sometimes present with acute symptoms that require medical attention. More often than not, these cases are identified incidentally during imaging studies or post-mortem examinations[1]

A lithopedion that is stone baby, is arises from an undiagnosed and untreated advanced ectopic pregnancy. This phenomenon is extremely rare, affecting only 0.0054% of all pregnancies. For a lithopedion to form, the fetus must survive for over three months, as the bones remain cartilaginous during this period, leading to rapid and complete absorption. Additionally, several other conditions must be met for its development, including the presence of a sterile fetus, a failure in medical diagnosis, and suitable conditions for calcium deposition. Eventually, the mother's immune system identifies the fetus as a foreign entity and encases it in a calcified material to shield it from infection[2][3][4].

The development of a calcified fetus, known as a lithopaedion, requires several essential conditions to be met:

1. the occurrence of an extra-uterine pregnancy, typically situated within the abdominal cavity;
2. the death of the fetus after three months of gestation, as by this stage, the mineralization of the bones is sufficiently advanced to prevent complete reabsorption by the mother,
3. the presence of a sterile environment;
4. a failure to diagnose the condition early, allowing for gradual calcification over time; and
5. specific local conditions that facilitate calcium precipitation, deposition, and infiltration, leading to the dehydration of fetal tissues and/or membranes[1].
6. **For a calcified fetus located within the mother's abdomen, several classifications are recognized:**

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(1) lithokelyphos (where "litho" means rock and "kelyphos" refers to shell), indicating that the egg membrane has undergone calcification while the embryo may decompose at various stages;
(2) lithokelyphopedion, where both the embryo and the egg membrane have disintegrated; and
(3) lithopedion, which refers to a scenario where only the fetus is calcified.

Lithopedions frequently present without symptoms, leaving the patient largely unaware of their condition. Potential complications associated with a lithopedion include obscure abdominal pain, chronic constipation, cecal volvulus, intestinal obstruction, fistula formation, obstructive uropathy, and pelvic abscess. In the case discussed, the patient exhibited no clinical signs indicative of an abdominal mass. The identification of the calcified mass was achieved solely through imaging of the abdomen and pelvis to exclude any injuries resulting from an accident. A report from 2000 documented the first instance of lithopedion manifesting as a pelvic abscess. Although diagnosing lithopedions can be challenging, they may occasionally be detected as palpable masses during a physical examination. More commonly, diagnosis occurs during surgical procedures, autopsies, or through imaging studies of the abdomen and pelvis. Sonographic evaluations may reveal an empty uterine cavity alongside a calcified abdominal mass with nonspecific characteristics. Additionally, CT and MRI scans can provide a conclusive diagnosis. The presence of a calcified mass in the pelvis may suggest various conditions, including ovarian tumors, uterine fibroids, bladder stones, calcified neoplasms, calcified aneurysms, inflammatory masses, dystrophic soft tissue

calcification, lithopedion, and foreign bodies. It is crucial to remove any deceased abdominal fetus

or lithopedion promptly upon detection[2].

https://www.researchgate.net/figure/ntraabdominal-lithopedion_fig2_304992503

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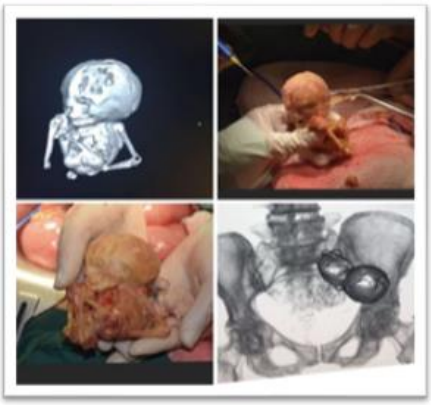

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Case Reports In India :

Case Report From Burla, Orissa :

Case Duration 2007 A 40-year-old woman was admitted to VSS Medical College and Hospital, Burla, Orissa 768017,India presenting symptoms indicative of intestinal obstruction. She exhibited abdominal distension, vomiting, and complete constipation. Her medical history indicated that she had experienced mild to moderate pain in the lower abdomen on both sides for the past eight years, which was alleviated by analgesics prescribed by a local physician. A gynecological examination revealed no significant findings, aside from a history of a missed abortion at five months of gestation, occurring eight years prior to her current admission. Diagnostic investigations included blood tests, abdominal and pelvic radiographs taken in an upright position, and an abdominal and pelvic ultrasound. 1.The radiographs revealed two radiopaque, calcified, globular shadows located on both sides of the lower abdomen, consistent with small bowel obstruction. The ultrasound confirmed the presence of two oval calcified areas in the same region. Considering these atypical radiographic and ultrasound findings, an emergency laparotomy was performed under general anesthesia, during which a necrotic segment of the ileum was discovered to be severely adhered 2.A globular mass was located in the left flank, while another globular mass was found on the right side, attached to the greater omentum (Fig. 1). Following this, a small resection of the intestine and anastomosis were carried out, resulting in the careful removal of both globular masses. Examination revealed that both the ovaries and uterus were normal and healthy. Upon dissecting the thin yet resilient tissues surrounding these masses, two mummified and calcified fetal skeletons were discovered (Fig. 2). Both skeletons belonged to fetuses of approximately the same age, around five months (Fig. 3). Post-surgery, a comprehensive gynecological history indicated a missed abortion at five months of gestation in 1997, as diagnosed by a local physician, without any expulsion of the conception products. Subsequently, the patient experienced intermittent pain in both lower abdominal sides, which alleviated with analgesics. Due to limited radiographic and ultrasound facilities in the area, the underlying cause of her abdominal issues remained unidentified until she developed an intestinal obstruction and sought our assistance[7,8].

Fig. 2.1.1 Operative photograph shows adherence of the greater omentum to the right globular mass.
Fig. 2.1.2 Operative photograph shows a lithopaedion that was evident after dissection of its overlying membrane.

Fig. 2.1.3 Postoperative photograph of the twin lithopaedions

2.2. Case Report From Mominpur ,West Bengal:

Case Duration 2012

Mahboobnagar, February 5: In an unusual medical procedure, doctors at SVS Hospital in Mahboobnagar successfully extracted a 35-year-old 'stone baby' from the womb of a 70-year-old woman. Remarkably, the woman had given birth to three children, aged between 25 and 30 years, following the incomplete pregnancy.

This case marks the 31st occurrence of such a phenomenon globally. Dr. Ram Reddy, a resident physician at SVS Hospital, provided details about the patient, identified as Antamma, a resident of Mominpur in Madur Mandal. She had been experiencing abdominal pain for an extended period and was admitted to the hospital on January 25. Following a series of examinations, it was determined that she had a 'stone baby' that had developed in her abdomen over the years, measuring approximately 14 inches in length. The surgical team, whichh included Dr. Prashant, Dr. Anandram Rao, and Dr. Hari Prabhakar, successfully removed the 'stone baby' after 35 years. The remains exhibited hands, feet, and a head, all intricately intertwined[6] [10].

2.3 Case Report From Nagpur , Maharashtra 2015

In India, medical professionals have extracted a baby's skeleton from a woman nearly forty years after the fetus had died in utero. Kantabai Thakre, who was 24 years old at the time, became pregnant in 1978. 1.However, doctors informed her that the ectopic pregnancy had a very slim chance of survival. Fearing surgery, the young woman left her home and sought relief for her discomfort at a small clinic in her village. After several months, the pain diminished, leading Mrs. Thakre to believe she had recovered. Recently, at the age of 60, she experienced a resurgence of pain and consulted doctors in Nagpur, a city in central India. Upon discovering a lump on the lower right side of her abdomen, the medical team at the NKP Salve Institute of Medical Sciences initially suspected cancer[11].

However, an MRI scan revealed that the mass was, in fact, the skeleton of her deceased child. It was only after the MRI that the doctors identified the mass as a child's skeleton. 2.The skeleton has since been removed by the medical team. After reviewing medical records, the doctors speculate that this case may represent the longest recorded ectopic pregnancy. 3.The previous record for the longest ectopic pregnancy was held by a woman in Belgium, who carried the remnants of a failed pregnancy for 18 years[7].

Fig 2.3.1 The CT scan of the mass containing the bones of a dead fetus

2.4 Case Report From Andhra Pradesh 2024

Medical professionals at King George Hospital in Visakhapatnam, Andhra Pradesh, have successfully extracted the calcified remains of a 24-week-old fetus from a patient's abdominal cavity. This condition, referred to as a 'stone baby' or " lithopedion," is an uncommon occurrence that typically arises when a fetus dies during an abdominal pregnancy, becomes too large for the body to reabsorb, and subsequently undergoes calcification. Lithopedian can develop from 14 weeks of gestation up to full term. It is not uncommon for a stone baby to go undetected for many years, often discovered long after natural menopause; diagnosis frequently occurs when patients are evaluated for unrelated medical issues that necessitate an X-ray. The 27-year-old patient from Anakapalle district, who is a mother of two, presented to KGH in late August with severe abdominal pain. The surgical team removed various skeletal components, including the baby's rib cage, skull, pelvic bone, and scapula.

1.Dr. Vani, a Professor of Obstetrics at KGH, conducted an MRI scan that revealed a calcified mass resembling a "nest of bones" within the patient's abdomen. The surgical procedure took place on August 31 and was successful, with the patient now on the path to recovery[8].

Discussion:

The occurrence of lithopaedion, also known as a 'Stone baby,' is an extremely rare and unusual event in the field of obstetrics. With a limited number of documented cases worldwide, this condition underscores the significance of early detection

and effective management of ectopic pregnancies. Lithopaedion occurs when a fetus, without being diagnosed and treated for an ectopic pregnancy, develops calcification as a defense mechanism against potential maternal infection. The occurrence of this process is influenced by several factors, such as the location of the pregnancy, the infertility of the fetus, and the delay in diagnosing the condition.

The case reports featured In this review demonstrate the diverse range of symptoms and conditions that can be linked to lithopaedion. Although the symptoms may vary, a shared characteristic among all cases is the prolonged period without any symptoms before being diagnosed. In specific cases, like the ones reported from Orissa and Nagpur, the lithopaedion was only found many years after the initial pregnancy. The prolonged retention of a calcified fetus showcases the body's ability to effectively isolate the foreign mass, thereby averting immediate complications while also delaying the need for medical intervention.

Advanced imaging technologies, including ultrasound, CT scans, and MRI, have become indispensable in accurately diagnosing lithopaedion. The identification of calcified masses in the abdominal region can result in differential diagnoses that may encompass ovarian tumors, uterine fibroids, or dystrophic calcifications. Consequently, medical practitioners should take lithopaedion into account as a possible diagnosis in individuals with persistent abdominal masses or unexplained pelvic pain.

Surgical intervention is typically required for the treatment of lithopaedion, as demonstrated by numerous documented case studies. While some patients may not experience any symptoms, surgical intervention is often required to prevent complications like bowel obstruction, pelvic abscesses, or the development of fistulas. The successful removal of lithopaedion in these documented cases highlights the crucial role of surgical intervention in treating this condition.

Conclusion:

Lithopaedion, also known as a 'Stone Baby,' is an uncommon medical condition that occurs when an ectopic pregnancy remains untreated and eventually hardens into a calcified mass. Although extremely rare, occurring in only 0.0054% of all pregnancies, this condition can remain unnoticed for an extended period, making it difficult to detect early on. The cases discussed in this report demonstrate the diverse manifestations and complications associated with lithopaedion, underscoring the urgent requirement for immediate medical attention. Recent breakthroughs in diagnostic imaging technologies, including ultrasound, ct scans, and mri, have significantly improved the identification of lithopaedion, leading to more efficient clinical management. However, the condition often goes unnoticed until it causes complications such as intestinal obstruction, chronic pain, or infection. The documented cases from India underscore the pressing need for increased awareness and early detection measures, particularly in regions with limited healthcare facilities.

In essence, lithopaedion represents a unique combination of obstetrics and pathology, offering valuable insights into the body's ability to handle nonviable pregnancies. This condition emphasizes the significance of consistent prenatal care, enhanced availability of diagnostic tools, and prompt surgical intervention when required. By promoting medical awareness and strengthening healthcare infrastructure, the likelihood of early detection and better patient outcomes can be greatly increased.

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Conflicts of interest

There are no conflicts of interest.

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