COMBINED TUBAL AND UTERINE PREGNANCY

(A Case Report)

by

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The concomitant existence of uterine and tubal pregnancy is rare. Parry stated that out of 500 cases of tubal pregnancy, 22 were simultaneous with uterine pregnancy. He called such a condition as combined pregnancy in contradistinction to the term compound pregnancy which is applied to the cases of superimposed intra-uterine pregnancy.

The first reported case of simultaneous intra-uterine and extra-uterine pregnancy was by Duverney in 1708. The diagnosis was made at autopsy, death having occurred as a result of rupture of the pregnant tube in the third month of pregnancy. Further case reports have been published in the literature successively by Novak 1926, Gemmell and Murray 1933, Mathieu 1937, Ludwig 1940, Mitra 1940, Howard 1945, Zarou and Sy 1952, Lawson 1955, Viviano 1956, and various others. Brody and Stevens, 1963, on reviewing the literature up to June 30, 1961, brought the total number of cases of combined pregnancy to 506, including their own case, whereas Burkhart *et al* 1963 found 501 cases up to September 1961, and have added one more case of their own. Since then more cases are being reported. (Hutchinson 1965 and Ghosh 1967).

The incidence of combined pregnancy as variously reported is estimated to be 1 : 30,000 pregnancies or 0.003 per cent. It might be that it occurs more frequently than is reported in the literature (Winer *et al* 1957). Diagnosis may be missed when the patients are treated by two different consultants or may go unnoticed altogether.

Multiparity has a considerable bearing on the condition as it is shown that 79.94% occurred in multiparae (Masani 1949). Combined pregnancy is a manifestation of twin pregnancy, one embedding in the uterus and one in the tube. As Simpson points out three possible occurrences of combined pregnancy can occur (1) ectopic gestation precedes

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the uterine gestation (2) uterine gestation precedes tubal pregnancy although no case of this type has been recorded (3) uterine and ectopic pregnancies have occurred at the same time. Most of the cases recorded are of this type (Masani).

Both the intra-uterine and extra-uterine pregnancy at times go up to term or near term and cases have been recorded widely. Majority of these cases terminate much earlier, usually the extra-uterine, the symptoms of extra-uterine predominating and the coexistence of uterine pregnancy is missed.

The total number of deliveries at Kamala Nehru Memorial Hospital during the past 10 years was 37,450 with one case of combined tubal and uterine pregnancy giving an incidence of 1 : 37,450 or 0.0026%.

Case Report:

Mrs. S. N., 40 years old, Hindu, gravida 6, para 5 with all living children, was admitted to the Kamala Nehru Memorial Hospital as an emergency with the history of amenorrhoea of 4 months, pain in the lower abdomen and bleeding per vaginam off and on for the last one month. On direct questioning there was no history of vomiting or fainting attacks. Her menstrual cycles had been normal prior to this. She had her last child 2½ years ago and the puerperium was febrile for one month.

On examination the patient looked pale with pulse of 100/m, BP 100/70 mm Hg.; Temp. 100° F, Heart and lungs normal. Abdomen moved with respiration, tenderness was present in the lower abdomen. A mass was felt in the lower abdomen extending 2 inches above the pubic symphysis, soft and tender. Left iliac fossa was extremely tender. Percussion revealed impaired note in the suprapubic region. No other abnormality was detected.

Vaginal examination revealed the cervix to be soft, not tender, directed backwards and the os was closed. The uterus was soft, anteverted, enlarged to 14 weeks' size of pregnancy and consistent with the suprapubic mass. An ill-defined mass was felt high up in the left fornix, which was tender. Right fornix was tender but no mass was felt. There was no blood or abnormal discharge on the examining finger at the time of examination. On speculum examination the cervix was blue and congested.

Investigations: Her Hb. was 11.5 gm % with white cell count as 12,900/c.mm. Differential count, polys — 83% lymphos 5%, monos, 1% eosino 1%, Urine — no albumin or sugar and microscopic normal.

In the hospital she had an attack of severe pain in the abdomen with rise in pulse rate. Exploratory laparotomy was done on the probable diagnosis of pregnancy with ovarian cyst. The uterus was found to be enlarged to 14 weeks' size of pregnancy and was soft. Right tube was normal. Left tube was found lying posterior to the uterus and the whole tube was enlarged to 5″ × 4″ markedly congested and blue, with the tubal mole at the distended fimbriated end. The diagnosis of ectopic pregnancy coexisting with uterine pregnancy was evident. Left salpingectomy was done. In view of her multiparity and bleeding for the last one month hysterotomy and right salpingectomy were next performed. A shrivelled foetus of 16 cms in length was removed.

On opening the left tube which had been the site of ectopic pregnancy, a sac filled with amniotic fluid but no foetus was found surrounded by blood clots occupying the distended tube. Post-operative period afebrile and uneventful.

Discussion and Comments

Combined tubal and uterine pregnancy is a subject of widest interest because of its variety, clinical presentation and difficulty in diagnosis.

Some clinics have reported 2 cases in approximately 13,500 deliveries i.e. 0.015%, whereas others have given the figure as 1 : 27,500. Devoe and Pratt cite 2 cases in 13,000 deliveries at the Mayo clinic. Sprague

calculates the incidence as 1 : 30,000 at St. Louis University Hospital. Vohra from Lady Harding Hospital has reported an incidence of 1 : 27,295 in a study of 5 years. We had 37,450 deliveries in a period of 10 year with one case of combined tubal and uterine pregnancy, an incidence of 1 : 37,450 or 0.0026%.

Gemmell and Leith Murray analysed 200 cases and found that 16 were discovered at post-mortum and except one all had been reported before 1897, 41 cases were discovered after labour and 32 of these delivered naturally. After the delivery, in half the cases, symptomless mass was felt. The other half had symptoms of infection or intestinal irritation. Eight of these cases passed the foetus piecemeal through fistulae. The interval between delivery and abdominal operation was one day to 24 years. The ectopic foetus gave little or no difficulty during delivery. In the second half of the pregnancy 20 cases were diagnosed, of whom 7 died, a mortality of 35%. The symptoms appear near term and are more serious. (Masani 1949). In the first half of the pregnancy 140 cases were diagnosed of whom 47 were diagnosed after abortion of the uterine ovum. The rest, 93, were diagnosed before abortion; mortality rate in the group diagnosed after the abortion was 15% and before abortion as 9.7%.

Generally the clinical manifestations of ectopic predominate over the signs and symptoms of intrauterine pregnancy. Tubal gestation usually ruptures or tubal abortion occurs during the early months of conception and therefore in the majority of cases, in the early months, were diagnosed as combined only at operation. In Neugebauer's first series of 170 cases correct pre-operative diagnosis was made in 4% of the cases, in the second series of 74 cases in 10.8%. The common error in diagnosis is to overlook the co-existing intrauterine pregnancy. The usual history in these cases is a history of few weeks of amenorrhoea followed by vaginal bleeding, abdominal pain and attacks of fainting. When there is no vaginal bleeding the experience is that both the embryos are still alive and in such cases the enlarged uterus is diagnosed as pregnant uterus and the swelling on one or the other side as an ovarian cyst. Winer *et al* have reported 9.9% correct diagnosis in 71 cases with average duration of pregnancy as 7.7 weeks. In our case we failed to diagnose the case pre-operatively as the patient presented with definite uterine enlargement and the vaginal bleeding prior to admission was thought to be due to threatened abortion. The mass in the left fornix was indefinite and the condition of the patient at the time of admission was satisfactory. An attack of severe pain after admission made us do exploratory laparotomy with the possible diagnosis of ovarian cyst with pregnancy. During operation the diagnosis of combined tubal and uterine pregnancy was evident.

Summary

1. A case of combined tubal and uterine pregnancy is reported with the hospital incidence as 1 : 37,450 or 0.0026%.
2. The diagnosis was missed preoperatively which was evident only on laparotomy.

The case is discussed and literature reviewed.

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