

UNRUPTURED INTERSTITIAL PREGNANCY WITH FIBROMYOMA

(A Case Report)

by

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Individual cases of unruptured interstitial pregnancy are of sufficient interest to deserve attention because of their rarity. When such a case is associated with a fibromyoma at the site of implantation of the tube, it is of still greater interest.

All surgeons agree on the rarity of this condition. Incidence seems to be ranging from 1 to 2% of all ectopic pregnancies as reported by Macvine and Less (1949) and Skulj V. *et al* (1964). In a series reported by Blanchet *et al* (1967) incidence of interstitial pregnancy was 3.6%.

Case Report

Mrs. B. B., aged 40 years, was admitted on 29-12-67 complaining of a gradually increasing swelling in the suprapubic region for the last 3 months and continuous vaginal bleeding for the last 10 days.

Nearly 3 months ago the patient had noticed a small swelling of the size of a lemon in the suprapubic region, which gradually increased to the size of an orange. She had been suffering from amenorrhoea for 3 months and the bleeding, which was considerable in amount, had started only 10 days ago.

Menstrual History: She had been suffering from menorrhagia for two years;

though the blood loss during each period was excessive and prolonged, yet the menstrual cycles were normal.

Obstetrical History: She had seven full term deliveries. Last delivery was 7 years ago.

General Examination. She was moderately built and nourished. She looked anaemic.

Physical Examination

It revealed a lump 4" x 3", in the suprapubic region upto the umbilicus. This lump was partly mobile from side to side and upwards and downwards. On careful palpation one could feel a small tender nodule of 1½" diameter to the left and above the main mass, but it was attached to it by a broad base. The surface of this nodule was smooth, and it was firm in consistency. The main lump could be demarcated all around. It was firmer in consistency than the nodule (Fig. 1).

On vaginal examination, the uterus could not be demarcated separate from the lump, but the mass seemed to be continuous with the uterus. Cervix was normal and the fornices were clear.

The percentage of her haemoglobin at the time of admission was 8.5 gms., hence a pre-operative blood transfusion was given. Other investigations were normal.

With a provisional diagnosis of a subserous fibroid, the abdomen was opened through a midline suprapubic incision. At operation the left cornu of the uterus was found to be elevated because of a small cystic swelling of 1½" diameter, which was projecting upwards and to the left from

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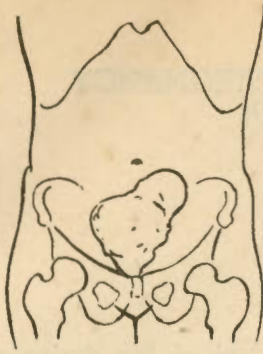


Fig. No 1. Showing the lump as it was felt on clinical examination.

the uterus. The uterus was shifted to the right and the left tube was situated just below the cystic swelling. The uterus was found to be enlarged in size and adjacent to the cystic swelling an irregular area of distinct firmness was felt (Fig. 2).

A total hysterectomy was done. On examination of the specimen the cystic structure attached to the uterus was found to be a conception of more than 12 weeks size in the lateral part of the interstitial portion of the tube and the firm area was found to be a fibromyoma. The endometrium of the uterus was found to be in the proliferative phase (Fig. 3).

Patient had an uneventful recovery and was discharged on the 12th day after the operation.

Discussion

This case of ectopic pregnancy in the interstitial portion of the tube was associated with fibromyoma located adjacent to the interstitial portion of the tube which was responsible for the occlusion of the passage. Tumours are one of the rare causes of ectopic pregnancy. (Novak 1965). In a large number of cases of ectopic pregnancy reported by Skulj,

et al (1964), Webster, *et al* (1965) and Blanchet, *et al* (1967), not a single case was found to be associated with a tumour. The case reported is also unique in the sense that it was a case of unruptured interstitial pregnancy. Such a case was reported by Keenan in 1944. This case was also wrongly diagnosed as fibroid uterus, because of the projecting nodule, and the correct diagnosis could only be made at operation and only after examination of the specimen. But, if the condition is kept in mind in a case like this with a typical history and physical findings, it is possible to make a correct pre-operative diagnosis of unruptured interstitial pregnancy. The patient studied here belonged to the age group of over 40 years and was multiparous, in whom tubal pregnancy is rare.

Summary

A rare case of unruptured interstitial pregnancy with fibromyoma has been reported. Literature on the subject has been reviewed and compared with our own observations. It may be concluded that if the condition is kept in mind in a typical case, it is possible to make a correct pre-operative diagnosis even in a case of unruptured interstitial pregnancy.

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Figs. 2 and 3 on Art Paper IV