SIMULTANEOUS EXTRA AND INSTRAUTERINE PREGNANCY

(Three Case Reports)

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In rare instances tubal pregnancy can be complicated by a co-existing intrauterine gestation. In 1926 Novak gave a comprehensive review of cases from the literature. In 1940, Mitra reviewed 304 cases and added two more of his own. This subject has been extensively reviewed by Vasicka and Grable, (1956) and by Winer, Bergman and Fields (1957) who collected 466 cases from the world literature. The incidence is estimated to be about 1:30,000 gestations with a maternal mortality of 1% and perinatal loss of 51 and 90% for the intrauterine and extrauterine foetuses, respectively. The majority of the reported cases have occurred in multiparous women. Generally the extrauterine gestation precedes the intrauterine, or both may have occurred at about the same time.

The clinical manifestations of extrauterine gestation dominate over those of the intrauterine pregnancy. The tubal gestation ruptures during the early months and diagnosis of combined pregnancy is arrived at in most of the cases during operation for ectopic pregnancy. Very few cases have been on record in which both conceptions had reached full term without interruption.

Combined intra and extrauterine pregnancy should be considered in the differential diagnosis of twins, ectopic pregnancy and abortion whenever conflicting signs and symptoms are present. The diagnosis of this uncommon entity is frequently missed, causing an increase in maternal morbidity and jeopardizing the life of the mother. The finding of placental tissue in the uterine cavity at the time of abortion often lulls the obstetrician into a false or incomplete diagnosis, and many ectopic pregnancies may go unrecognised until rupture.

Because of the rarity of the condition, three cases are, reported.

Case 1

Mrs. S P., aged 27 years admitted on 27th January, 1969 with the complaint of amenorrhoea 2½ months with mild pain in the lower abdomen since last one month and pain during defaecation and micturition. She had regular past menstrual cycles. Her last menstrual period was on 12th Nov. 1968. She had four term normal labours, last one 4 years ago.

Examination on admission the general condition was satisfactory. No lump was palpable per abdomen.

On pelvic examination, cervical movements were tender, uterus was anterverted about 12 weeks' size soft. There was a tender mass present in the posterior fornix, 2″ in diameter.

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Her Hb. was 65%, total W B.C. 6400/cmm. Posterior colpocentesis showed dark blood in peritoneal cavity.

On laparotomy dark blood about 200 c.c. was found in peri.oneal cavity. Uterus was of 12 weeks' size, soft, corpus luteum was on the right side. Right fimbrial end was containing tubal mo'e. Left tube and ovary were normal. Right salpingectomy with hysterotomy and left tubal sterilisation was done. Hysterotomy was done and the foetus with intact sac was removed. Post-operative period was uneventful, except that she was febrile for first two post-operative days.

Pathology: Chronic salpingitis with tubal gestation.

Case 2

Mrs. K.R., aged 50 years, was admitted on 28th January, 1971, with the complaint of amenorrhoea 2½ months, severe pain in the abdomen and chest for 2 days. She had regular past menstrual cycles. Her last menstrual period was on 10th November, 1970. She had three term normal labours, last delivery 3 years back.

On admission the patient appeared to be very ill. Her pulse rate was 100 beats/mt. B.P. 120/80 mm of Hg. Slight pallor and slight distension of abdomen.

Pelvic examination, showed cervix pointing forwards. uterus retroverted about 10-12 weeks' size soft, tenderness on moving the cervix and fullness in the left fornix.

Hb. was 54%, Total W.B.C. count 11,000/cmm. Posterior colpocentesis showed blood in the peritoneal cavity.

On opening the abdominal cavity was full of blood. There was left sided tubal abortion and right haematosalpinx. Bilateral salpingectomy was performed. The uterus was about 12 weeks' size soft and vascular, findings consistent with intrauterine pregnancy. Keeping in view the multiparity and danger of abortion during the postoperative period in an already ailing patient, hysterotomy was done and foetus with intact sac was removed. First post-operative week was uneventful. During the 2nd postoperative week she developed wound sepsis and pyrexia.

Histopathology: Left tubal gestation with chronic salpingitis. Right tube showed chronic salpingitis.

Case 3

Mrs. S., aged 27 years, was admitted on 28.1.1971 with complaint of amenorrhoea 2 months 5 days, bleeding per vaginam since 14th January. History of passing some mass per vaginam in the morning of 28.1.71, and pain in abdomen and gaseous distension. She had regular past menstrual cycles.

Her last menstrual period was on 23rd Oct. 1970. She was a primigravida married 3 years ago.

On admission her pulse rate was 100 beats/mt., B.P. 120/70 mm. of Hg., no pallor and slight tenderness in the lower abdomen.

Pelvic examination showed cervix pointing forwards with external os patulous and internal os admitting tip of finger. Uterus was retroverted about 12 weeks' size, fornices were clear. There was slight bleeding per vaginam.

Her Hb. was 55% total W.B.C. count was 10,800/-cmm.

Evacuation was done and few choriodecidual pieces were removed. During examination under anaesthesia. before evacuating the uterus a mass was found in the pouch of Douglas. Posterior colpoparacentesis was performed and there was blood in the peritoneal cavity.

On laparotomy some blood clots were found in the peritoneal cavity. Uterus was bulky, left tube and ovary were normal, while right fallopian tube was distended in its lateral 2/3 and was bleeding from its fimbrial end. Appendix, loops of small intestine and omentum were adherent to the tube. Right sided salpingectomy was done. On cutting open the tube. an intact sac was found. Post operatively period was uneventful.

Histopathology: Tubal gestation and evidence of infection.

Discussion

The incidence of simultaneous extra and intrauterine pregnancies is estimated to be 1:24833 pregnancies in our hospital. The incidences of combined pregnancies prove the rarity of the conditions, Devoe (1948) estimated the incidence to be about 1:30,000 gestations. If this is true then it seems certain that many cases go undiagnosed, or that only a small number of

these cases have been reported. Frequently the diagnosis may be missed when patients are treated in two different institutions or by two different physicians and where all the facts are not known or not believed. However, the occasional occurrence of this entity warrants consideration in all cases of abortion or ectopic pregnancy. In the pathogenesis of combined pregnancy it can be logically assumed that regardless of the time of ovulation or fertilization, one ovum proceeds normally to the uterine cavity, while the other one becomes arrested in its course.

Devoe (1948) has shown that the prognosis has been better for the mother and foetus in the cases in which the initial symptoms were caused by the ectopic pregnancy, even though the intrauterine gestation often was overlooked, since the more serious aspect of the condition has been removed. In the cases in which the ectopic pregnancy remained undiagnosed, the morbidity often was extended for days, even weeks and though no deaths were reported, as a result, the extent of permanent damage would be difficult to estimate.

Summary

Three cases of combined pregnancies have been reported. Its incidence, pathogenesis, treatment and prognosis are discussed.

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