

BILATERAL TUBAL ECTOPIC PREGNANCY

(A Case Report)

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In recent years studies have indicated an increase in the incidence of ectopic pregnancy. The incidence varies from 1 to 241 live births as reported by Stromme *et al* (1962) to as high as 1 in 642 live births as reported by Bobrow and Bell (1962). The use of antibiotics and increased incidence of venereal infection may be responsible for this rise. Many cases of combined (intra and extra uterine) pregnancy have been reported. but simultaneous bilateral tubal pregnancy is rather uncommon. The present case is being reported because of its rarity, the available literature showed that only one case of simultaneous bilateral tubal pregnancy has been reported by Wakhaloo (1970).

CASE REPORT

Mrs. P.R., 30 years was admitted in the department of Obstetrics & Gynaecology, J.L.N. Hospital, Ajmer on 8-9-1975 with the complaints of pain in the lower abdomen for one month and "spotting" off and on for one month. She had 4 full term normal deliveries and there was no history of abortion. Her last child birth was 4

years back. Her menstrual cycles prior to the complaints were regular 3-4/30 days. Her last menstrual period was one month back which was also normal, after which she had spotting off and on for the last one month.

General Examination

She was of average built with pulse 94/mint, B.P. 120/80 and temperature was normal. C.V.S., respiratory and alimentary systems were normal.

Vaginal Examination

Cervix forward; uterus retroverted and retroflexed. There was a tender mass in the right fornix of about 3" in diameter.

Investigations

H.B.—7 gm%, D.L.C.: p—80%, l—20%, T.L.C.: 12,000/cu.mm., E.S.R.: 60 mm 1st Hr. (Wintrobe), Blood urea—25 mg%, Serum electrolytes within normal limits, Urine—N.A.D.

Needling was done on 9-9-1975 when dark coloured blood came out suggestive of ruptured ectopic. Immediate laparotomy was decided.

Operation Notes

On laparotomy the omentum and intestines were adherent to a mass of about 3½-4" in diameter. The left tube was incorporated in the mass and only about 1½" of tube could be traced from the cornu. Only the cornual end could be visualised. The mass was also adherent to the back of the uterus. While separating the adhesions the mass burst open containing plenty of blood clots enclosed in two layers of the mass,

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tubal rupture leading to secondary abdominal pregnancy. Left ovary was adherent to the mass, left sided salpingo-oophorectomy was done and the raw area peritonized. On exploration of the right tube it was seen that the tube was distended with blood clots and had given way about 1" away from the fimbrial end. Right ovary was enlarged to the size of about 2½" (Corpus luteum). The tube could not be saved. Right sided salpingectomy was done. She had an uneventful post operative period.

Histopathological report

The histopathological report of the specimens revealed the presence of chorionic villi in both the tubes with chronic non-specific salpingitis. Besides left ovary showed a cystic graffian follicle.

Discussion

The simultaneous presence of intra and extra uterine pregnancy (hetertopic) is rare about 500 cases have been reported

in the world literature (Nag, 1968), but simultaneous bilateral tubal pregnancy appears to be exceedingly uncommon. This is one of the type of twin pregnancy arising probably from a single coitus and having two separate sites of implantation. In this case, the probable cause was chronic non-specific salpingitis in both the tubes. Diagnosis of simultaneous bilateral tubal pregnancy can only be made at laparotomy.

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