UTERO-TUBAL INTERSTITIAL PREGNANCY

(A Case Report)

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The fertilised ovum may implant in the fallopian tube in the ampulla, isthmus or the interstitial part in order of frequency. Such a pregnancy can terminate as a tubal mole, tubal abortion, tubal rupture or continuation of pregnancy till late second trimester or rarely even to term.

Munro Kerr has sought to classify interstitial tubal pregnancy into tubo-uterine where the sac extends into the uterine cavity and utero-tubal where it extends into the tube. The latter closely mimicks an isthmic implantation.

CASE HISTORY

Mrs. K.D., aged 39 years, was admitted with complaints of Amenorrhoea of 6 months, pain in abdomen off and on for 3 months and bleeding per vaginam off and on for 2 months.

A detailed clinical interrogation revealed that following 2 months amenorrhoea she noticed a small lump in the abdomen in the midline which progressively increased in size. Simultaneously she used to have intermittent colicky pain in the abdomen at intervals of 8 to 10 days which at times was very severe and was accompanied with nausea. These attacks of pain were invariably followed by vaginal bleeding which lasted for a day or two. The bleeding was never profuse.

She was a fourth gravida, third para and had her last childbirth 3½ years back. She had one abortion of 2½ months gestational age prior to her first confinement.

On abdominal examination a lump arising from the pelvis measuring about 8″ × 6″ was palpated. The lump was firm in consistency and non-tender, its margins were well defined and it was freely mobile. External ballotment could not be elicited. Shifting dullness and fluid thrill were absent.

On bimanual vaginal examination the uterus was felt to be deviated to the left side and was retroverted, the exact size could not be discerned but appeared bulky and soft. The cervix was soft on palpation and bluish discolouration of the cervix was present. The lump was felt to be arising from the right fornix and extended upto the umbilicus.

The size of the uterus was confirmed on sounding (4.0 inches). Her laboratory investigations were as follows:

Hb % 9 gms%, T.L.C. 10,700/cmm., D.L.C. P 64; L 34; E 2. Urine Albumin—Nil, Sugar—Nil.

Urine culture was sterile after 24 hours of incubation. Gravindex test was positive and plain X-Ray of the abdomen revealed a foetal skeleton shadow.

Diagnosis of a tubal ectopic pregnancy was made and a laparotomy was done. On laparotomy, the lump was seen in continuation with the uterus to its right side. The ovary was normal on the ipsilateral side and the fallopian tube

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was seen about 2 inches in length in continuation with the lump. The diagnosis was subsequently made as a utero-tubal interstitial pregnancy. Considering the age of the patient and that the placenta was burrowed into the musculature of the uterus, excision of the mass was not considered desirable and a subtotal hysterectomy with a right sided salpingo-oophorectomy was done. Her post-operative period was uneventful and she was discharged in a satisfactory condition on the 10th postoperative day.

This case is particularly interesting in view of the fact that the pregnancy was intact till 26 weeks of gestation and clinically appeared to be a broad ligament tumour.

References

1. Chassar Moir, J. and Myerscough, P. R.: Munro Kerr's Operative Obstetrics, 8th Edition (1972), William Clowes and Sons, London, p. 728.

See Figs. on Art Paper III