

SIMULTANEOUS BILATERAL TUBAL PREGNANCY

(A Case Report)

by

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Bilateral ectopic pregnancy is of rare occurrence. Jeffcoate (1975) reported that when twinning occurs there may be simultaneous intrauterine and extra-uterine pregnancies and simultaneous bilateral tubal pregnancies. Wakhaloo (1970) reported a case of simultaneous bilateral ectopic pregnancy.

This case is reported from Zanana Hospital, Udaipur attached to R.N.T. Medical College, Udaipur.

CASE REPORT

Mrs. N., 21 years old female, married 5 years, gravida 0 and para 0 was admitted in Zanana Hospital, Udaipur on 13th October, 1976 at 2.30 p.m. for pain in lower abdomen and vomiting since 1 p.m. on 13th October, 1976. She had similar trouble 1 year back for which she was admitted to the hospital and was advised some operation but had refused. After that she took treatment for pelvic inflammation from out door for some time.

Her menstrual cycles were of 35-40 days, flow lasting for 3-5 days scanty and painful. Last menstrual period was 3 days back which was preceded by 40 days amenorrhoea. One year back also she had pain in abdomen following 40 days amenorrhoea.

General examination: Patient looked ill, pulse was 96/mt. B.P. 110/70, temperature 38.4°C, Heart and lungs were normal.

Per abdomen: There was tenderness in lower abdomen but no mass was palpable. The liver

and spleen were also not palpable. On vaginal examination the cervix was pointing backwards, the uterus was anteverted and anteflexed, normal in size and there were soft masses in both the fornices which were very tender and exact size of the masses could not be made out due to tenderness.

On Speculum Examination: The cervix was healthy and there was slight bleeding from cervical canal. Probable diagnosis of ectopic pregnancy or bilateral tubo-ovarian masses was made and needling followed by laparotomy was decided:

Investigation: Hb. 9.8 gm%, Urine: N.A.D., T.L.C.: 8600/cmm. D.L.C.: Poly 70% and Lympho 30%.

Operation Notes

Under anaesthesia culdocentesis revealed old blood. The abdomen was opened, there was collected blood in the peritoneal cavity. There were adhesions between the omentum, small intestines and sigmoid colon which were broken gently with the finger. The uterus was normal in size, the right fallopian tube was the seat of ruptured ectopic while on left side ampullary portion of the tube was distended to 3 x 3 cms. forming a tubal mole which had many peritubal adhesions. Both ovaries were normal. Right sided salpingectomy was done. On left side also the salpingectomy had to be done as the tube wall was very friable and tube could not be saved. Abdomen was closed in layers. Patient was given 1 unit of compatible blood transfusion and had uneventful recovery. The patient was discharged on 10th post operative day in a good condition.

Comments

The incidence of ectopic pregnancy in this hospital was 1 in 129. Mitha (1965)

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reported it to be 1 in 333. Bilateral ectopic pregnancy is rare. Only a single case was recorded in 1976 in Zanana Hospital, Udaipur where the number of deliveries was 2708.

This variety could be a case of recurrent ectopic pregnancy as this patient had 40 days amenorrhoea followed by acute pain in abdomen one year back also. After a lapse of 1 year, she again had amenorrhoea of 40 days which was followed by acute pain in the abdomen. The pain in abdomen of recent origin could be due to rupture of ectopic pregnancy on right side. The previous exacerbation of abdominal pain following amenorrhoea of 40 days lead to sub-acute or chronic ectopic pregnancy on left side. The possible aetiology of ectopic in this case could be either bilateral salpingitis or the faulty tubes, the aetiological influence of which could be shown by long sterility in this case. Since the tubal disease is nearly always bilateral (Jeffcoate, 1975) there is a strong tendency for ectopic pregnancy to occur first on one side and then at a later date on the other. In a woman who has already had one tubal pregnancy, the

risk of a second is 10-15% of all pregnancies that is 40 times greater than overall risk of 0.3%.

The rôle of conservative surgery in cases of chronic ectopic pregnancy seems to be minimal as the tube wall in these cases loses its elasticity because of inflammation. In this case also unfortunately tubes could not be conserved.

Summary

A case of bilateral ectopic pregnancy is presented in whom there was ruptured ectopic on right side and intact on left side. Bilateral salpingectomy was done.

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