COMBINED EXTRA AND INTRA UTERINE PREGNANCY

(A Case Report with Review of Literature)

by

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The simultaneous occurence of extra and intra uterine pregnancy is a rare phenomenon. The first reported case of simultaneous extra and intra uterine pregnancy was by Duverney in 1708. In this particular case diagnosis was arrived at autopsy, death having occurred as a result of rupture of the pregnant tube in the third month of pregnancy. Novak (1926) was first to review cases reported in literature. Mitra reviewed 304 cases in 1940 and added 2 of his own. Brody and Stevens (1963) reviewed the world literature upto June 1961 and collected 506 cases which included one case of their own. Burkhard *et al* (1963) reviewed the cases upto September 1961 and gave the total number as 501 and added 1 case of their own. Case reports have been published by Gemmell and Murray (1933), Matheiu (1937), Ludwig (1940), Howard (1945), Zarou and Si (1952), Lawson and Chouler (1955), Viviano (1956), Winer, *et al* (1957) and various others.

The fate of such twining is premature termination. There is a very good chance that after tubal gestation is treated successfully, the intra-uterine may go to term. But it is very rare that both will go to full term.

A case of combined extra and intra-uterine pregnancy is being reported for its rarity.

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Case Report

Mrs. B. aged 24 years was admitted on 14th March 1977 with the complaint of ammenorrhoea 2½ months and bleeding per vaginum for last 4 days. Her previous menstrual cycles were regular, last menstrual period was 2½ months back. She had one term normal labour 4 years back.

On admission her pulse rate was 80/mt., B.P. 116/80 mm. of Hg. Other systems were normal. Pelvic examination showed cervix pointing downward and backward and os closed. Uterus was anteverted, anteflexed and about 10 weeks' size, fornices were clear. There was slight bleeding per vaginum. She was diagnosed as a case of threatened abortion. On 15-3-77 she had a bout of bleeding and repeat pelvic examination showed that she was going for inevitable abortion. The other findings were same as on admission. Evacuation was done under anaesthesia. Gestation sac with embryo was removed. Routine postoperative care was given.

Same evening she complained of slight pain in the abdomen. Oral analgesics were given. On 17-3-77 she had fever with rigor and abdominal pain. She had slight bleeding per vaginum.

Bimanual pelvic examination was done. It showed cervix pointing downward and backward with os closed, uterus was anteverted, firm of normal size. An extremely tender boggy

mass was felt in pouch of Douglas and was extending towards left fornix. Cervical movements were very tender. Ectopic pregnancy was suspected.

Laparotomy was done on same day. Some blood clots were found in the peritoneal cavity. Uterus was of normal size. Ampullary portion of the left tube was distended and was bleeding from the fimbrial end. The products of conception were milked out through the fimbrial end. The idea was to do conservative surgery to help her preserve fertility, but bleeding persisted from the tube and so left sided salpingectomy had to be done. The right tube showed terminal hydrosalpinx. Cuff salpingostomy was performed. One blood transfusion was given during operation. Postoperative period was uneventful.

Hydrotubation was done on 21-3-77. Fluid could be passed easily. This was repeated on 25th, 28th and 30th March 1977. The tube was found patent. She was discharged on 30-3-1977. Lastly she came for check up on 19-8-1977. Pelvic examination was normal and she had no complaint. Histopathology: Tubal gestation.

Discussion

The combined intra-uterine and extra-uterine pregnancy is very rare. Different incidences have been reported. Devoe and Pratt (1948) reported 2 cases in 13,000 deliveries at Mayo Clinic. Vohra (1969) has reported an incidence of 1:27,295 in a study of 5 years. Baveja *et al* (1967) gave an incidence of 1:37,450 in 10 years. The problem of diagnosis may also be responsible for the rarity. The diagnosis may be missed when the patient is treated by two different gynaecologists. Clinical difficulty is that preoperative diagnosis is very rarely possible. Gemmel and Murray (1933) analysed 200 cases. In that series 16 cases were diagnosed at autopsy. Similarly, in Neugebauer's 1st series of 170 cases correct pre-operative diagnosis was done in 4% cases while in his 2nd series of 74 cases correct preoperative diagnosis was possible in 10.8% cases. Winer *et al* (1957) reported 9.9% correct diagnosis with average duration of pregnancy at 7.7 weeks.

The problem of diagnosis increases the maternal morbidity and mortality. If the initial symptoms were caused by the ectopic pregnancy then the prognosis may be better although intra-uterine pregnancy may have been missed. In such cases the serious problem will be dealt first and intra-uterine pregnancy then may go to term. In a case report by Ghosh (1967) the intra-uterine pregnancy terminated at term after the extra-uterine pregnancy was dealt.

In our case the intrauterine pregnancy terminated first. However, the diagnosis of ectopic was missed even under anaesthesia as evacuation was done by junior resident. Later on when the abdominal pain persisted the repeat pelvic examination by one of us helped in the diagnosis.

In most of the cases reported in Indian literature the ectopic pregnancy terminated first (Vohra *et al*, 1964; Baveja *et al*, 1967; Ghosh, 1967 and Gulati *et al*, 1975). But in one of the cases reported by Gulati *et al* (1975) the intra-uterine pregnancy terminated first and ectopic pregnancy was suspected due to presence of mass in posterior fornix while evacuation.

This teaches that while dealing with ectopic pregnancy or abortion with little atypical behaviour this rarity is to be kept in mind. In this case the age of intra-uterine pregnancy was more than the extra-uterine one. This supports the presumption that one ovum usually proceeds to uterine cavity and the other one is arrested in its course while passing through the fallopian tube.

Our case was having only one living child. We tried conservative approach but failed. The cuff salpingostomy of right

tube is successful. We love to wait for her next pregnancy to occur.

Summary

One case of combined intra-uterine and ectopic pregnancy is reported. Its incidence, the problem of diagnosis, pathogenesis and prognosis are discussed.

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