

SECOND ECTOPIC AND ITS MANAGEMENT

(A Case Report)

by

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Gynaecologist is confronted with a very difficult problem while dealing a case of second ectopic pregnancy in a young nulliparous patient. Conservation of the only existing tube may be tried but does not give very encouraging result. This case is reported so that it can be on record as she had 2 living children after conserving the only existing second tube.

Case Report

This patient, aged 27 years was married for 3 years and had her first ectopic on 12th May, 1969. The ectopic diagnosed after a long time and hence had post operative pyrexia. In 1971 she had her period on 14th January and had spotting on 17th February. She had severe pain in abdomen on 17th February for which she had some injections and medicines but the pain persisted and she collapsed in the bathroom on 24th of February. She was admitted in a nursing home and was given intravenous fluids and antibiotics and discharged. On her way to Delhi from Madras, she had pain in abdomen for which she was rushed to the clinic.

She had dysuria and pain during defecation. A lump, size of an orange was felt in the abdomen in the left flank. The uterus was deviated to left. There was brownish vaginal discharge.

Needling of the Cul-de-sac was done. First clear fluid and then blood stained fluid was aspirated. Ectopic pregnancy was diagnosed and the patient was immediately operated on 17-3-1971.

Operative Findings and Management

Under general anaesthesia, intratracheal Gas

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and Oxygen, abdomen was opened through a right paramedian incision. It was a tubal abortion and the ampullary part of the tube was bulging with the products of conception. A small transverse incision was made on the most distended part of the tube and the products of conception were milked out through the incision. The tube was stitched linearly, with 00 chromic catgut. There were adhesions between the left ovary and the uterus and pelvis but the tube was free. Right ovary was not properly visualized. Abdomen was closed in layers.

The patient's relations were fully explained the possibility of a third ectopic but as the patient was only 27 years of age the relations agreed. Patient was discharged on 23rd March, 1971. During the postoperative period she was on terramycin and tenderil.

Postoperative Follow-Up

As the patient was an army officer's wife, they consulted many doctors in India and her case sheets were sent to London. Rightly all were of the opinion that the chances of conception were practically nil and the patient was advised for adoption.

Rubin's test was carried on by some other gynaecologist and told her that the tube was patent. She missed her period on 11th February, 1974, 3 years after the operation. On 23rd August, 1974 she was subjected to caesarean section in Bombay and a premature baby weighing 3½ pounds was delivered. The patient conceived for the second time and delivered by caesarean section in 1976, a male baby of 6 pounds. Patient underwent tubectomy during the second caesarean section.

Conclusion

This case is published because of the rare success that was achieved by conservation of the only existing tube.