

# UNUSUAL PRESENTATION OF AN ECTOPIC PREGNANCY CASE

(A Case Report)

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Ectopic pregnancy may present itself in various ways causing diagnostic difficulties. Moir and Myerscough (1972) illustrated some of the interesting cases of ectopic pregnancies where presentations differed from classical pictures. A case report of unusual presentations is followed here.

## CASE REPORT

Mrs. M. G., aged 31 years para 1 to was admitted on 1-6-79 at 1 A.M. in Eden Hospital referred from Uttarpara Hospital, where she was admitted 3½ hours earlier with history of sudden attack of abdominal pain associated with fainting attack initiated during coitus. She was diagnosed there as a case of coital injury and was transferred here. She was not having any vaginal bleeding. There was no history of amenorrhoea. She was also not using any contraceptive devices.

**Past history:** Nothing abnormal.

### Menstrual and Obstetric History

Menarche at 11 years, cycles regular, of  $28 \pm 3$  days. L.M.P.—3-5-79. She had one uncomplicated pregnancy and labour, 3 years before.

**Examination:** She was extremely pale and was in shock, evidenced by profuse sweating with cold and clammy skin. Pulse was 140 p.m., regular. B.P.—Systolic 70 m.m., diastolic could not be recorded. Abdomen was slightly distended and tender. Muscle guarding fluid thrill and peristaltic sounds were present.

On vaginal examination there was no bleeding. There was no injury of the genital organs. Fornices, especially the right one, were tender

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and full. Size of the uterus could not be felt.

There was no palpable mass.

Considering the acute onset, severe anaemia, shock and signs of intraperitoneal haemorrhage in an otherwise healthy woman, rupture of an ectopic pregnancy was thought of.

Immediate laparotomy was done after resuscitative measures with I.V. fluid, injection morphine, blood transfusions, etc. Peritoneal cavity contained 2 to 3 litres of blood. There was a rupture in the right side ampullary gestational sac. The rupture occurred transversely across the gestational sac almost like a clean incised wound. The embryo, 1 cm in length was intact. There was no other abnormality in the abdominal cavity. Right sided salpingectomy was done. Abdomen was closed in layers. Patient received 4 bottles of blood. The postoperative period was uneventful and she was discharged on the 8th post operative day.

## Comments

A case of ectopic pregnancy with unusual mode of presentation has been presented. The case was initially diagnosed as a case of coital injury due to onset of symptoms at the time of coitus. Trauma of coitus initiated the rupture. Moir and Myerscough (1972) also described cases where rupture occurred during vaginal examination and the case was diagnosed only at laparotomy.

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## Reference

1. Moir, J. C. and Myerscough, P. R.: Munro Kerr's Operative Obstetrics, 8th Edn. 1972, English Language Book Society, London.