

# COMBINED INTRA-UTERINE AND EXTRA-UTERINE PREGNANCY

(Report of Two Cases)

by

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In this paper we are reporting two cases of combined pregnancy seen in the last 2 years. One followed tubal sterilisation and the other was discovered 3 days after suction evacuation.

## Case I

Mrs. Saradha aged 30 with 2 living children was admitted on 24-7-78 with history of having had puerperal sterilization 7 years ago. On admission she complained of 45 days amenorrhoea and requested for termination of pregnancy and repeat tubectomy. Her periods were regular till then and when she suspected pregnancy she reported for termination.

**On Examination:** General Condition was good. Patient was mildly anaemic.

On vaginal examination uterus was anteverted, bulky, soft. Right fornix—tender. Cystic mass felt. Left fornix-free. Uterine cavity 4". Cervix was dilated upto 15 MD. Suction Evacuation was done. Plenty of pale scrapings obtained—same sent for histopathological examination. No definite villous pattern was made out by naked-eye examination.

Abdomen was opened by transverse incision. On opening the peritoneal cavity there were dark fluid blood with blood clots. First perforation of the uterus was suspected. Incision was extended and uterus was explored. But there

was no evidence of perforation. The lateral half of the right tube was found to be the seat of unruptured ectopic gestation—tubal abortion. Right total salpingectomy was done with the removal of gestation sac. Left total Salpingectomy was also done as a preventive measure. Postoperative period uneventful. Patient was discharged on the 7th day.

**Pathology Report:** Endometrial scrapings showed evidence of placental tissue and specimen of tubal gestation sac also showed evidence of products of conception thereby proving combined pregnancy due to spontaneous recanalisation of the tube following previous salpingectomy on the right tube.

## Case II

Mrs. N., aged 30 with 2 living children was admitted on 6-12-79 for 2 months amenorrhoea. Her cycles were regular. Last Menstrual period—15th October. She came for termination of pregnancy and Copper T insertion.

Under general anaesthesia, suction evacuation was done. Products removed. Uterine cavity emptied. No definite mass was felt. She was discharged after 24 hours. Patient was readmitted after 3 days in collapsed condition.

**On Examination:** Patient was slightly anaemic. Tenderness and guarding minimal in the lower abdomen.

On vaginal examination uterus was anteverted, bulky. Left fornix was tender. No definite mass felt. Movements of cervix not very painful. Patient was given 2 bottles of blood transfusion. Provisional Diagnosis was either septic shock or perforation of the uterus. Plain X-ray abdomen taken. No significant information made out. General condition did not

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Accepted for publication on 10-10-80.

improve in 24 hrs. Distension increased. Patient was resuscitated and laparotomy was decided upon.

On opening the abdomen by right paramedian incision, abdomen was full of blood clots. Left tube was the seat of ruptured ectopic near the cornual end. Gestation sac was 1 cm. in diameter and thin-walled. Active bleeding from both ends of the tube was seen. Right adnexa healthy. Uterus was intact. No evidence of perforation. Left salpingectomy was done. Patient was discharged after 8 days.

**Pathology Report:** Revealed tubal pregnancy.

*Conclusion*

Case I was combined pregnancy following tubal ligation performed 7 years ago. If laparotomy had not been performed unruptured ectopic gestation would have

been missed.

In the second case, termination was done by suction evacuation and the patient was admitted for typical ruptured ectopic gestation features, which was mistaken for unsuspected perforation of the uterus with intraperitoneal hemorrhage or pelvic infection with septic shock which may result in collapse of the patient.

*Acknowledgement*

Our Grateful thanks are extended to Dr. K. Arumugham, M.D., Dean, Kilpauk Medical College Hospital for allowing me to use the hospital records and publish this paper.

*See Figs. on Art Paper V*