

# DUAL ECCYESIS—CHRONIC OVARIAN AND ACUTE TUBAL PREGNANCY WITH REVIEW OF LITERATURE

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## Introduction

Repeat ectopic pregnancy following postpartum sterilization has not been reported in the literature. A rare instance of repeat occurrence of tubal pregnancy following an ovarian pregnancy earlier in a tubectomised patient is being put on record with this case report. The ovarian pregnancy was treated conservatively with a missed diagnosis of tubo-ovarian mass. The real diagnosis could be made on second occasion when the patient had acute tubal pregnancy for which culdocentesis gave a positive result followed by an emergency laparotomy.

## CASE REPORT

Mrs. G.K., 37 years old, gravida 2, para 2 was admitted as an emergency on 15th March 1981 with history of pain in lower abdomen and fainting attacks following 7 weeks amenorrhoea. She was in a state of shock on admission and so was given immediate resuscitative treatment.

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On interrogation she gave the history of postpartum sterilization carried out 4 years ago. She was also very definite of giving history of similar attack of pain 6 months back following 2 months amenorrhoea. At that time she was diagnosed as a case of tubo-ovarian mass and was treated conservatively for 2 months when the pain subsided and she resumed her regular menstrual pattern.

She was provisionally diagnosed as a case of acute ectopic gestation. On examination in the theatre, a mass of size 2½" round was detected in right posterior fornix which was separate from the uterus of 8 weeks pregnant size. Culdocentesis was positive and laparotomy was immediately done. On opening up the findings were more amazing and a right sided old ovarian ectopic (Spiegelberg's criteria fulfilled) and a left side fresh tubal abortion with free blood in the peritoneal cavity were detected. She also had small multiple fibroids in the uterus. Sub total hysterectomy with bilateral salpingo-oophorectomy was done (Fig. 1). Patient made an uneventful postoperative recovery. The diagnosis of dual eccyesis was confirmed on histopathological examination.

## Discussion

In the case under report, her first ovarian ectopic followed 4 years after post-partum sterilization operation. Though the history was significant but she was treated as a case of tubo-ovarian

mass. Her second tubal ectopic followed 6 months later with a typical history. The patient was very definite about the similar type of complaints 6 months earlier.

age to the history of the patient should be given in diagnosing ectopic following sterilization. Very rarely conservative surgery with reconstructive operation is advisable where fertility needs to be preserved under exceptional circumstances.

It is, therefore, stressed that due weight-

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