

ULTRASOUND IN THE DIAGNOSIS OF UNRUPTURED ECTOPIC PREGNANCY

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SUMMARY

A case of unruptured ectopic pregnancy seen in the Cul-de-sac at 9-10 weeks of gestation with a viable fetus. The diagnosis was made on a routine scan done at 3½ months. This report illustrates the usefulness of ultrasound in the diagnosis of ectopic pregnancy which was confirmed at surgery.

Introduction

This case is presented for its rarity in which an unruptured ectopic pregnancy was diagnosed with a viable fetus with an intact gestational sac.

CASE REPORT

A 33 year old female presented with a history of 2½ months amenorrhoea. She had been married since 13 years and was investigated for sterility. She has had multiple fibroids and had a myomectomy done for subseous fibroids.

General clinical examination was unremarkable. Pelvic examination revealed an enlarged bulky uterus with a cervix pointing downwards. A soft boggy swelling was felt in the posterior fornix. Her urine gravindex test was positive on the 68th day. She was referred for an Ultrasound examination which revealed an enlarged uterus with multiple fibroids. There was a gestational sac with a fetus in the cul-de-sac. Fetal crown rump length measured 2.5 cms

compatible with 8-9 weeks of gestation. Fetal heart motion and fetal movements were seen (Figs.). A diagnosis of ectopic pregnancy with a fetus was made. A repeat scan done after a week show absence of fetal heart motion.

Subsequently the patient was subjected to laparotomy. On laparotomy the uterus was found to be enlarged with multiple fibroids. A cystic swelling was felt in the cul-de-sac which ruptured on separation with bleeding. A dead fetus was extruded from the swelling. The sac was adherent to the fimbrial end of the left fallopian tube. The same were removed after clamping the vessels.

Histopathology confirmed the same findings of a dead fetus within the gestational sac.

Ultrasound has been a useful diagnostic procedure in the detection of ectopic pregnancy. The sensitivity of which is upto 89% especially with experienced Sonographer and with good real time equipment. This case has been presented for the rarity of finding a viable fetus of 9 weeks age inside the ectopic sac.

Discussion

The findings of an intact fetus with an ectopic gestational sac is rare. In this case the possibility of a tubal abortion

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early should be considered. However, the patient has had no clinical history suggestive of a tubal abortion. The patient was referred for a routine Ultrasound scan as she had conceived after a long period of sterility.

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See Figs. on Art Paper V