Intrauterine or Ectopic Pregnancy: Importance of Ultrasonography and/or Histopathology for Documentation in Early Medical Termination.

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Due to the recent rising trends of ecotopic pregnancy, the dictum is 'Think Ectopic'. Intrauterine pregnancy with simultaneous tubal ectopic pragnancy is extremely rare. Diagnosis of intratuerine gestation virtually rules out an ectopic pregnancy. Similarly a History of medical termination of pregnancy 3 weeks back almost excludes the possibility of a life threatening ectopic pregnancy as the cause of pain in abdomen or shock.

It can be claimed that the pregnancy itself was in the tube and that there was no intrauterine pregnancy. This is a possibility when Medical termination of pregnancy (MTP) is done very early (before 6 weeks) or before ultrasound visualisation of the sac, and diagnosis of pregnancy is made only on urinary pregnancy test. Histopathology of tissue obtained on such early abortions is therefore advisable for diagnosis of presence or absence of intrauterine pregnancy. In cases where pregnancy test is positive and histopathology does not show chorionic villi, an ectopic pregnancy should be thought of.

A 32 year old para 3, (previous 3 full term normal deliveries) was brought to the causalty in a state of shock. Relatives gave the history of medical termination of pregnancy 3 weeks back when she was overdue by 10 days only, the pregnancy test being positive at that time. Ultrasonic visualisation of the sac had not been done and no tissue had been sent for histopathological confirmation of intra-uterine pregnancy. The patient was asymptomatic in the post abortal period. She presented with acute pain in abdomen for 1 day for which she was treated with antacids, and the possibility of an ectopic pregnancy was not considered even remotely by the treating physician, biased by the recent history of MTP.

On examination, the patient had severe pallor, thready pulse and blood pressure of 90/60 mm Hg. The abdomen was distended, with guarding & tenderness of lower abdomen. Vaginal examination revealed cervical tenderness and fullness in the left fornix. Uterine size could not be made out. She was taken up for emergency laparotomy with a provisional diagnosis of ruptured ectopic pregnancy. On laparotomy, there was hemoperitoneum of about 3 litres with ruptured left isthmic pregnancy. Left salpingectomy and right tubal ligation were done. She required 6 units of blood transfusion. The post operative period was uneventful and stitch removal was done on 7th day. The patient was discharged in good condition.

This case is reported with the idea of emphasizing the importance of ultrasonic confirmation of intrauterine pregnancy or histopathology of the products of conception in very early MTP.