

“Hetrotopic Pregnancy”- Case Report

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Mrs. S.P., 35 years old housewife, married since 17 years, came on 14th February 1997 with chief complaints of diffuse lower abdominal pain since one day. There was no history of amenorrhoea or bleeding per vaginum. There was no history of vomiting or fainting attacks. She had regular menstrual cycles and last menstrual period was on 20th Jan. 1997. She had 5 full term normal deliveries, 3 males & 2 females (4 alive) eldest being 16 years & youngest being 5 years old.

Patient underwent laparoscopic sterilisation 10 years ago at Lokmanya Tilak Municipal General Hospital after the 4th full term normal delivery. As one of the male children expired, tubal recanalisation was done at LTMG Hospital 8 years back. Repeat tubal ligation was done following a full term normal delivery of a male child 5 years ago at our Hospital.

On examination vital parameters were normal. While patient was pale with Hb = 8gm%, on abdominal examination there was no distention, guarding, rigidity, but minimal tenderness was present in both the iliac fossae.

On vaginal examination, uterus was retroverted, bulky,

tenderness was present in both the fornices, cervical movement tenderness was present and left adnexal mass 5 x 6 x 4 cms. size, tender, mobile, soft to firm in consistency was felt.

On investigation urine pregnancy test was positive and ultrasound showed intrauterine live gestational sac of 6 weeks size with large mixed echogenic mass in left adnexae with live foetus within it.

Exploratory laparotomy was performed which showed left sided tubal ectopic pregnancy in the process of tubal abortion through the fimbrial end.

Left side partial salpingectomy was performed. Right tube was seen as short fibrous band. 150gms blood clots + 150ml. of blood in pouch of Douglas & paraecolic gutters were removed. A cervical dilatation and uterine evacuation was performed and products of conception were sent for histopathological examination for confirmation of diagnosis of simultaneous intrauterine & extra uterine pregnancy. This was a very unusual case where patient did not have amenorrhoea and had an interesting obstetric and gynaecological operative history.