

Bilateral Tubal Ectopic Gestation – A Rare Case Report

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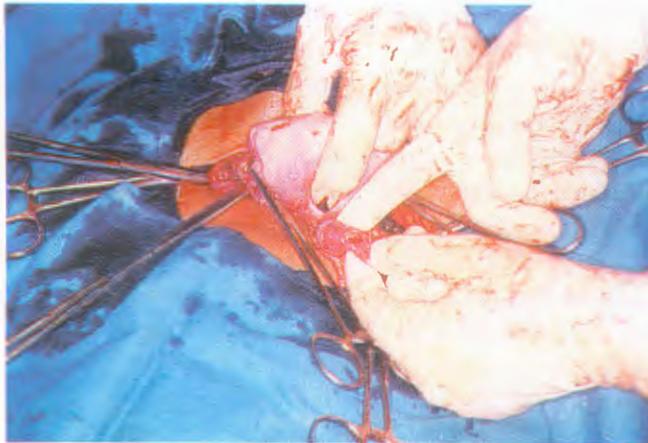
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A 21 year old married woman was admitted to the emergency department of our Hospital with acute lower abdominal pain following 50 days amenorrhoea. It was not associated with vomiting, fever or vaginal bleeding. She did not have any history of previous pregnancy, abdominal surgery or pelvic infection. She was not using any contraceptive method.

On admission, the patient was very pale with a pulse rate of 140/mt and a BP of 90/70 mm of Hg. Systemic examination showed lower abdominal tenderness and an anteverted bulky uterus with extreme tenderness and fullness of all the fornices. In view of these findings, a provisional diagnosis of ruptured ectopic tubal gestation was thought of and a culdocentesis was undertaken. Altered blood was withdrawn from the pouch of Douglas and the patient was prepared for an emergency laparotomy. Her Hb was 9.6gm% with a PCV of 26%. There were no other significant clinical or laboratory findings.

At laparotomy, the peritoneal cavity contained about 1000ml of blood and 250ml of blood clots. The left tube was the site of a ruptured ectopic gestation. The ruptured segment was clamped immediately to attain hemostasis

and segmental resection was undertaken. The gestational sac from the ruptured tube was retrieved from the peritoneal cavity. When the right tube and ovary were inspected as a part of routine pelvic examination, coincidentally the right tube showed a sac like structure protruding through the fimbrial end (Fig. 1). This was removed by gentle manual expression. A histological report later confirmed the diagnosis of ectopic gestation on both sides.



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Bilateral ectopic gestation is an example of double ovum twinning. Although the incidence of ectopic gestation has shown a significant increase in recent years, bilateral tubal ectopic gestation is still a rare

phenomenon, especially after natural conception. Most of the cases of bilateral tubal ectopic gestations were reported in women who had undergone some form of artificial reproductive technique.

Diagnosis of bilateral tubal ectopic gestation was established in our case intra-operatively and was proved by histopathology. This emphasizes the importance of a thorough examination of the entire pelvis during sonography, laparoscopy and laparotomy, even in a natural conception.