

Ectopic Twin Gestation – A Rare entity

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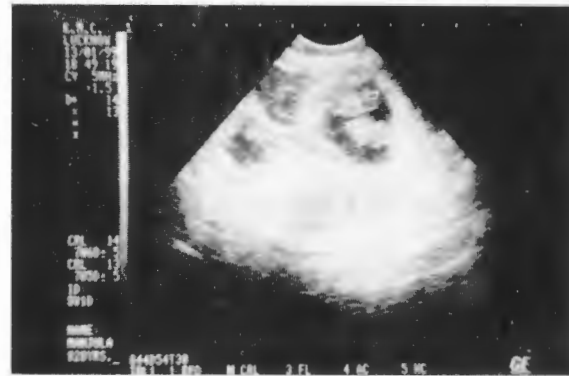
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Mrs. A aged 28 years, Po+ (married 2 years back) having normal menstrual cycle reported to our medical centre on 13.01.99 with h/o amenorrhoea 2 months, L.M.P. 15.11.98 with pain in lower abdomen and bleeding per vaginum for 2 days with positive pregnancy test. On examination – G.C. ill looking, P. R. –96/min normal volume, mild pallor+, B.P. 100/70 mm Hg. Per abdominal examination revealed tenderness in left illiac region. P/S. –Slight bleeding from inside os, Cx congested, Per vaginal examination revealed, Cx bds, cervical movements tender, os closed, Ut AV, bulky, soft, extremely tender, all fornices. markedly tender no mass felt.

Urgent T.V.S. done on 13.01.99:- G.A. 8 weeks and one day. On USG – Uterus was found to be bulky with no intrauterine gestational sac. Endometrial echoes showed decidualisation, minimal fluid collection in endometrial cavity, rt. ovary was cystic, Lt. adenexa showed an ectopic gestational sac with two viable embryos – First – C. R. L. 14mm. (7 weeks 6 days) Second – CRL – 13 mms. (7 weeks and 5 days) (Photograph I & II). Very minimal fluid collection seen in pouch of Douglas. Left ovary was normal. Immediately after U.S.G. was done, she developed exaggerated pain in lower abdomen, sweating and vomiting and fainting attack. Clinical exam. Showed P.R. – 120/mm feeble. B.P. –90mm systolic. Emergency laprotomy was done on 13.01.99. Ampullary ectopic pregnancy was found to be ruptured. Two well formed embryos obtained from sac. Left sided partial salpingectomy was done & the tube was irreparable. Rt tube & ovary was normal. Abdominal cavity cleaned and closed in layers. Post operative period was uneventful.



Photograph 1: USG-Uterus showing absent gestational sac with decidualised Endometrium



Photograph 2: Left adnexae showing one sac with two viable embryos

Twin ectopic gestation is a rare entity to see in our clinical practice. This case occurred even though the patient was not on any of the ovulation induction drugs.