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Heterotypic Pregnancy with Multiple Complications – A rare case report

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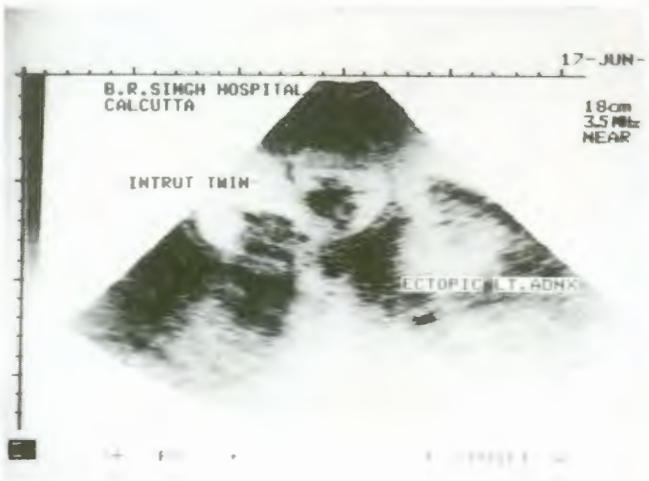
Mrs.' K. P. K., H/F, aged about 26 years, married for 10 years, was admitted in B.R. Singh Hospital on 4.5.98 morning with the complaints of acute pain in the left-side of lower abdomen, slight bleeding per-vagina and amenorrhoea for 7 weeks. The symptoms started during the previous night. The pain was sudden in onset and was associated with vomiting. There was no history of syncopal attack, fever, or urinary problems. She was treated by local doctor and was refered to our institute.

Regarding her past history she was a known case of primary infertility for 10 years. Hystero-salpingography and laparoscopic dye test earlier revealed right-sided tubal-block. Other investigations were normal. Ovulation induction by clomiphene citrate (50mg twice daily from 2nd day to 6th day) was carried out for 3 cycles during the month of January'98 to March'98.



Abdominal Sonography Showing Intrauterine-twins Lt-sided Tubal Pregnancy

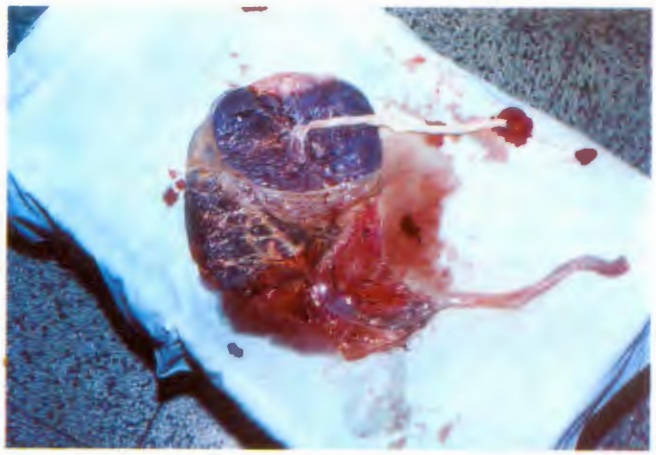


Fig. 2 : Monochorionic - Diamniotic varity of placenta with velamentous insertion of cord of Still-born baby

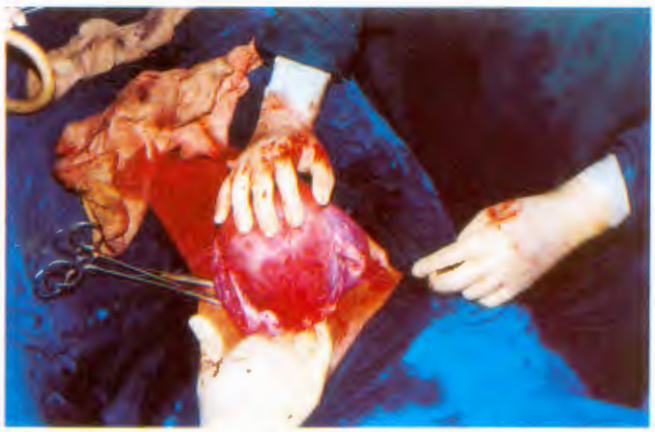


Fig. 2 : Per-operative picture showing Lt-sided haemato-Salpinx with gross adhesion of fimbrial end of Lt tube but Rt tube free

Examination on admission revealed her pulse-104/min., B.P.-100/70mmHg, marked tenderness over

left iliac-fossa P/V examination showed uterus bulky and anteverted. Cervical excitation was positive. A small cystic tender mass was felt in the pouch-of-Douglas. Abdominal sonography on admission revealed intrauterine twin gestation with a left adnexal mass of 4.55cm x 3.00cm, having complex echotexture with anechoic areas inside.

She was managed conservatively and followed up by close monitoring of vital signs, haemograms and serial abdominal sonography. After 2 weeks, abdominal sonography revealed similar findings with slight increase in the size of the adnexal mass. However, subsequent abdominal sonography two weeks later, suggested reduction in size of the adnexal mass, and her symptom subsided.

Transvaginal sonography was performed at this stage (12 weeks), which revealed intrauterine twin gestation with a left adnexal ectopic pregnancy.

The patient was discharged at 22 weeks as she was well without any symptoms. She was readmitted at 34 weeks with complaints of slight antepartum haemorrhage. Abdominal sonography at this stage showed twin pregnancy with intrauterine foetal death of 1st twin. The placenta was in upper segment & posterior. There was no obvious adnexal mass.

Emergency LSCS was carried out at 34 weeks. A stillborn was delivered from the first sac. The second sac contained the liveborn baby. The baby cried at birth. Birth weight was 1.75 kg. Examination of the placenta showed monochorionic, diamniotic variety. The umbilical cord of the still-born baby showed velamentous insertion about 7cm away from the margin of the placenta. The bloodvessels traversing the membrane from the velamentous insertion were found to be torn with haematoma formation. The rupture of the vessels was responsible for the death of the first twin. So antepartum haemorrhage was of foetal origin. Right tube and ovary looked normal. The left tube showed hematosalpinx but its fimbrial end could not be traced due to dense adhesions.

Clinically and sonographycally (abdominal & transvaginal) it was a case of heterotypic tubal pregnancy. This case is reported because of its rarity and presence of varieties of riskfactors and complications. There was history of primary infertility with right sided tubal block, ovulation induction followed by multiple intra uterine pregnancy with left-sided tubal pregnancy, Antepartum haemorrhage of foetal origin with intra-uterine death of one foetus, monochorionic, diammotic variety of placenta with velamentous insertion of cord with torn blood vessels.