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Diagnostic Dilemma in a Case of Interstitial Pregnancy- Case Report

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Mrs. S.S., 30 yrs, HF, r1 A2 was first seen as a
case of secondary infertility with fibromyoma uterus who
had been advised diagnostic laparoscopy. Her history
goes like this: she conceived immediately after marriage
(1993) and had a full term vaginal delivery with a living female child. Next pregnancy 1 yr. later ended in a missed abortion. After that she did not conceive for nearly 2 yrs. Investigations were done. SFA, D&C, ECC & trachelorrhaphy were done. She conceived spontaneously m Apri199, Cravmdex was positive on 12'h May, 99 after -15 days of clmenorrhoea. On 20'11 May slw first complained of lower abdominal pain followed by passage of a single clot and scanty black bleeding. USC on 21 '' May reported incomplete abortion with retained rOC. D and C was done and clots and roc were seen in curettage. On 7'h June patient reported lower abdominal pain off and on, and scanty blackish bleeding. She was treated conservatively. Symptoms persisted so USC was repeated on 20u' June. The report was enlarged uterus, 4x3 ems multicystic area with mixed echogenicity near the cavity but gave a impression of incomplete abortion. USC was repeated with a different sonologist, who reported cystic SOL in the fundus, probably fibroid with cystic degeneration along with retained roc. D and C was done clgain. Histopathology reported scanty tissue, non-secretor) endometrium. For the patient's pain as well as

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blackish bleeding off and on persisted. Repeal -;can on 27th }w1e again reported ? T-0 mass? degenerated fibroid. Over the next one month patient consulted number of gynaecologists. She was finally diagnosed ,1:, a case of myoma with riD with secondary infertility and wa:, advised diagnostic laparoscopy.

On diagnostic laproscopy there Wcl:-. cl SOL in
the nght cornu protruding from the uterus, :,ub-c,erou:, with few cystic degenerated areas and flimsy oment,ll adhesions. On chrompertubation, no spillage from ei thcr of the tubes was seen but rapid intravasation of dye intu pelvic veins was noticed so it was quickly abandoned. Tubes and ovaries looked normal. Laparotomy was planned for myomectomy and tuboplasty if required.

On laparotomy it became obvious that the SOL
was chronic right interstitial ectopic pregnancy. S21c was removed. Right salpingectomy with cornual re:,ection wa:, done. Left tube was foLmd patent. Histopathology report confirmed the diagnosis of chronic ectopic pregnancy.

This case is being reported for its rarity and the unusual clinical presentation in particular whereby it took three months for a correct diagnosis and treatment.