

Coexistent Live Intrauterine and Ectopic Pregnancy

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Case Report

Heterotopic pregnancy, that is, the coexistence of an intrauterine pregnancy and an ectopic one, is a rare event with an estimated incidence of 1 in 30000 pregnancies in one study (Finburg 1994). The frequency has increased considerably with the expanding use of assisted fertility techniques.

We report an unusual case of coexistent live intrauterine and ectopic pregnancy diagnosed by sonography and proven by surgery and pathology.

A 35-year-old gravida 4, para 2, abortion 1 with amenorrhoea for 8 wks, presented with a 10 day history of pain in right lower abdomen and spotting per vaginum for 5 days. Pain worsened 1 day prior to admission and was associated with bout of bleeding per vaginum. Pain was dull aching, confined to right iliac fossa and was not relieved by usual analgesics.

There was no history of fever, constipation or any urinary problem. On examination, she was haemodynamically stable with mild pallor, pulse-86/minute and BP-130/80mm Hg. There was mild guarding



Gestational sac with a live foetal node is seen in the uterus and right adnexal region.

of abdomen.

No definite abdominal mass was felt, on palpation. Clinically, there was no evidence of free fluid in the abdomen.

Transabdominal sonography revealed an intrauterine gestational sac with a viable fetal node, with CRL measuring 18mm-corresponding to 8wks \pm 2 days gestation. Another welldefined gestational sac with foetal node was seen in right adnexal region with CRL measuring 17mm corresponding to 8 wks \pm 1 day of gestation. Both the fetuses showed positive cardiac activity. Minimal fluid was seen in cervical canal and in the pouch of Douglas.

A clinical diagnosis of heterotopic pregnancy was made and laparotomy was performed.

At laparotomy, uterus was approx. 8 wks in size. Left ovary and tube were normal. An unruptured ectopic pregnancy was found in ampullary portion of the right fallopian tube. There was minimal intra-peritoneal bleeding. Right salpingectomy was done. The intrauterine pregnancy proceeded & ended uneventfully.

Histopathological examination showed chorionic villi, suggesting tubal ectopic pregnancy. Patient had good post-operative recovery and is under regular follow up.

The unusual feature in this case was that the extra uterine gestational sac had a live fetus with normal cardiac activity. Moreover the patient had no history of use of ovulation-inducing agents. In this era of assisted reproduction, we must remain highly vigilant for heterotopic pregnancies.

References

1. Finberg H.J; Ultrasonography in Obstetrics and Gynaecology, 3rd Edition, 124, 1994; W.B. Saunders Co, Philadelphia.