

A Rare Case of Spontaneous Heterotopic Pregnancy

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Mrs. B, a 21 years old primigravida, presented at 5 weeks of amenorrhoea with lower abdominal pain, vomiting and dizziness. On general examination she had tachycardia of 100 beats/min with other vital parameters being normal. On per abdominal examination there was mild tenderness in the right iliac fossa with no guarding or rigidity. Per vaginal examination revealed a slightly bulky soft uterus with mild cervical movement tenderness and right adnexal tenderness but no palpable mass. The urine pregnancy test was positive. The ultrasonography reported a right adnexal mass of 3x2 cm with a little free fluid in the cul-de sac and no intrauterine gestation suggesting an ectopic pregnancy. The diagnosis of right sided tubal ectopic was made and an exploratory laparotomy carried out under spinal plus general anaesthesia. The uterus appeared slightly bulky and the right tube markedly congested but without any obvious mass. With a careful search, the fluid filled gestational sac of 3 cm diameter was found nestled in the anterior pouch. The case was then diagnosed to be a right sided tubal abortion. Since there wasn't any active bleeding from the offending tube and the rest of the pelvis appeared normal the tube was left untouched and the abdomen closed. The specimen was sent for histopathological examination which confirmed products of conception. The postoperative period was uneventful and the patient was discharged on the 7th day.

She returned after two weeks for routine follow up. On enquiry, she had no withdrawal bleeding and the repeat urine pregnancy test was still strongly positive. This time the ultrasonography revealed an intrauterine gestation of 7 weeks and 5 days! The couple was counselled about the possible but small risk to the foetus of the exposure to GA and the antibiotics and the decision of continuation or termination was left to them. The couple decided to go ahead with the pregnancy which was then carefully followed up including a complete anomaly scan at 18 weeks and eventually went on to deliver a healthy child at term.

Comments : Heterotopic pregnancy is considered to be an obstetric rarity with an estimated theoretical rate of less than 1:30,000 pregnancies. In the clinical setting of a potential ectopic pregnancy, the diagnosis is greatly influenced by the presence or absence of an intrauterine gestation. However, with the incidence of heterotopic pregnancy on the rise, especially with ART, a number of cases have pointed out that the presence of an ectopic pregnancy on ultrasonography does not rule out an intrauterine gestation nor the presence of an intrauterine pregnancy rule out an ectopic. Moreover, the importance of histopathological diagnosis in a case of spontaneous heterotopic pregnancy becomes even more important especially from a medicolegal point of view.