Coexisting Extra and Intrauterine Pregnancy

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Introduction

Combined intrauterine and tubal pregnancy is very rare. Coexisting tubal pregnancy is easy to miss during voluntary termination of intrauterine pregnancy. Ampullary tubal pregnancy can be easily missed at laparoscopic sterilisation. The case reported here emphasises these facts.

Case Report

Mrs. GC, a 30 year old unbooked patient, was admitted to labor room on 22nd Jan, 2001 at 2.35 AM with complaints of severe lower abdominal pain followed by giddiness of seven hours duration. She attended a private nursing home with two months amenorrhea, where she had undergone voluntary termination of pregnancy (medical termination of pregnancy or MTP as per MTP Act of 1971). Products of conception were removed, along with laparoscopic sterilisation by fallope ring application under general anesthesia on 18th Jan, 2001.

Obstetric history : G3 P_2 A_1
2 FTND; last child birth 12 years back
Menstrual history : 3/30 days, regular

Her Copper T was removed two months back. There was no past history of any significant systemic disease. On examination, she was ill looking and anemic, her pulse was 116/min. regular and BP 88/70mm of Hg. Respiratory rate was 30/min.. She had tachycardia. Abdomen was distended. On vaginal examination cervical movements were tender and there was fullness in posterior fornix. Uterus was bulky. A colpotomy revealed blood. Laboratory investigations showed Hb 6.7 gm/dL, TLC 11,200/cmm., polymorphs 85%, lymphocytes 11%, eosinophils 4% and platelet count 300,000/cmm. RBC sickling was absent.

Blood glucose (random) 138 mg/dL, blood urea 16 mg/dL and blood uric acid 4 mg/dL. Routine urine examination showed no abnormality. Liver function tests and serum electrolytes were normal. Her blood group was "O" Rh+ve. Urine for gravindex test was positive. Two units of compatible blood were transfused. An emergency laparotomy with right subumbilical paramedian incision under general anesthesia revealed hemoperitoneum, ruptured ampulla of right fallopian tube and the presence of silicon fallope rings on both the tubes. Fetal sac along with placenta corresponding to two months of amenorrhea was noted. The right ovary was adherent to the ruptured ectopic mass. Seven hundred and fifty ml. of blood and clots were removed from the peritoneum. Right salpingo-oophorectomy (Photograph 1) and peritoneal toileting were done. One unit of blood was given during the immediate post-operative period. Sutures were removed on the eighth post-operative day and the woman was discharged. Two months after the discharge, she was doing well.

Photograph 1 : Fallope rings shown along with the ruptured ampullary part of right fallopian tube, fetal sac and placenta.

Discussion

This case has been reported because of the rarity of occurrence of simultaneous presence of intrauterine and extrauterine pregnancy[1,2]. Tubal pregnancy was missed during laparoscopic sterilization done concurrently with MTP. Ovulation induction has increased the incidence of heterotopic pregnancies.

During laparoscopic sterilization, one should visualize the pelvic organs carefully to rule out any pathology. Lateral part of fallopian tubes is very often not visualized during laparoscopic sterilization unless specially looked for.

References

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