Heterotopic Ectopic Pregnancy - Two Case Reports

Seshi Iyer, *Mamta* Rath Datta, Renu Sinha, Manas Kaviraj
Tata Main Hospital, Jamshedpur

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Introduction

Heterotopic pregnancy, i.e. simultaneous intrauterine and extrauterine pregnancies, is a rare clinical entity with an incidence ranging from 1 per 7000 to 1 per 30000 pregnancies. The incidence appears to be on the rise following ART and rising incidence of PID.

Case 1

A 24 year old Hindu female, P_{1+0}, was admitted to the labour room on 6.2.2001 at 12 noon with complaints of severe pain in abdomen and vomiting since 10 a.m. on the day of admission. Her LMP was 30.12.2000. Her previous menstrual cycles were regular, 3-4/30-40 days, with average flow.

She was very pale on admission. Her pulse rate was 110/min. and B.P. 110/70 mm of Hg. On abdominal examination, the abdomen was soft but right iliac fossa was very tender. Vaginal examination revealed an anteverted, bulky uterus. Cervical excitation pain was positive. The right fornix was very tender. Ultrasound revealed a slightly enlarged uterus with thick echogenic tissue inside and a mass of mixed echogenecity on the right adnexal region. Laparotomy was done with the diagnosis of right sided ruptured ectopic pregnancy. There was approximately 1500 ml of blood in the peritoneal cavity. Right salpingectomy was done. Her postoperative period was uneventful.

Histopathology of the tube demonstrated trophoblastic tissue. She reported to the OPD on 16.3. 2001 with complaints of persistent nausea and vomiting. Ultrasound on the same day revealed an intrauterine gestation sac with an active fetus. The CRL was 42mm (11 weeks 1 day) which corresponded to her LMP of 30.12.2000. She opted to continue her pregnancy, visited the AN Clinic regularly and delivered vaginally a female baby weighing 2.85 kg on 28.8.01.

Case 2

A 38 year old Hindu female, reported to the OPD on 19.4.2001 with complaints of pain over lower abdomen and vomiting for one day. Her LMP was 21.2.2001. Her previous cycles were regular 5-6/28 ± 2 days. She was P_{2+1}. Laparoscopic sterilization was done 5 years back.

On admission, she was very pale. Her Hb was 6 gm%. Her pulse rate was 96/min and B. P. 110/80 mm/Hg. There was tenderness over left iliac fossa. On bimanual palpation, uterus was slightly bulky with tenderness and fullness over left fornix. Cervical excitation pain was positive. Ultrasound revealed an intrauterine gestation sac with a small fetal node and an area of mixed echogenecity on the left adnexal region with free fluid in the pouch of Douglas.

Laparotomy was done on the same day with a diagnosis of heterotopic pregnancy. One litre of blood was found in the peritoneal cavity alongwith ruptured left ampullary pregnancy. Bilateral salpingectomy and suction - evacuation of the intrauterine pregnancy were done. Her post-operative period was uneventful. The left fallopian tube and the tissue obtained from suction evacuation of the intrauterine pregnancy were sent for histopathological examination which revealed products of conception in the intrauterine sample and trophoblastic tissue in the ampullary region of the left fallopian tube.

Discussion

The incidence of heterotopic pregnancy is 1.4% of all ectopic pregnancies. The treatment is operative for ectopic pregnancy and the management of the intrauterine pregnancy, if viable, depends on the patient's wish.

Yadav et al[1] reported a case of heterotopic pregnancy in which on the 4th day of laparotomy (left salpingectomy for ectopic pregnancy), the patient aborted an intrauterine pregnancy.

Sonu and Sridar[2] reported a case of heterotopic pregnancy in which the patient opted to continue the intrauterine pregnancy and had a normal delivery.

Chavan et al[3] reported a case of heterotopic pregnancy where the patient did not have amenorrhoea. Ultrasound confirmed heterotopic pregnancy. The patient underwent laparotomy alongwith suction and evacuation of the uterus.

Our first patient, following laparotomy for ruptured ectopic pregnancy, continuted her intrauterine pregnancy and had a normal vaginal delivery. The second patient had laparotomy for ectopic pregnancy and suction evacuation of the intrauterine pregnancy.

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Correspondence :
Dr. Seshi Iyer
Tata Main Hospital, Jamshedpur

References :

1. Yadav S., Kapoor S., Kohli S. Heterotopic pregnancy; *J Obstet and Gynaecol Ind 1993; 43: 292.*
2. Sonu Neelu, Sridar Jayashree. Heterotopic pregnancy with a live neonate : *J Obstet Gynecol Ind 1997; 47: 543-4*
3. Chavan Niranjan, Shah P. K., Laveti Laxmi et al. Heterotopic pregnancy - a case report *J Obstet Gynecol Ind 1999; 49; 106.*