

A Heterotropic Pregnancy Continuing After Tubal Abortion

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CS, a 25 year old woman, P0+0 and married for one and a half-year presented on 13th February, 2001 with pain in the lower abdomen for one month and periods overdue by 2 days. (LMP: 14th January, 2001).

The pregnancy test was positive. A transabdominal ultrasound examination done on 15th February, 2001 revealed a bulky and empty uterus with a complex left adnexal mass and free fluid in the POD, suggestive of ectopic pregnancy.

Laparotomy performed on 16th February, 2001 revealed left-sided tubal abortion and unruptured tubes. Both ovaries were healthy and the uterus was slightly bulky. After milking the left tube, appendicectomy was performed. The materials obtained by tubal milking and peritoneal toileting were sent for histopathology which showed degenerated products of conception.

However, there was persistent pain in the abdomen, vomiting and amenorrhea even after another 2 months. Pregcolor test was positive. A repeat scan revealed an intrauterine pregnancy of around 11 weeks. The gestational age corresponded with her LMP. Hence it appeared to be a continuation of the previous pregnancy,

the present one being the intrauterine counterpart of a combined tubal and intrauterine pregnancy.

However, there was sudden fetal demise at 30 weeks. The baby unfortunately had to be delivered by Cesarean section on 26th August, 2001 due to failure to induce labour by two applications of intracervical PGE₂ gel followed by escalating doses of oxytocin infusion. The uterine contour was found to be normal and the baby did not have any gross congenital anomaly.

This case has been reported as it was a spontaneously conceived heterotropic pregnancy having an incidence of 1 in 15,000 with continuation of the intrauterine pregnancy till 30 weeks¹. Reported fetal mortality of intrauterine pregnancy is 20% to 70% following laparotomy for tubal abortion at 4 weeks². In our case it escaped detection by transabdominal sonography at the time of tubal abortion in the 4th week of gestation i.e prior to the appearance of the intrauterine gestational sac.

References

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