## A Heterotropic Pregnancy Continuing After Tubal Abortion

Adhikari Sudhir, Sanghamita Mamtaz, Dasgupta Mandira

Department of Obstetrics and Gynecology. Medical College and Hospitals. 88, College Street, Kolkata - 700 073.

Key words: heterotropic pregnancy, tubal abortion

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

The pregnancy test was positive. A transabdominal ultrasound examination done on 15<sup>th</sup> 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 16<sup>th</sup> 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,

Correspondence :

Dr. Sudhir Adhikari

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  $26^{\text{th}}$  August, 2001 due to failure to induce labour by two applications of intracervical PGE<sub>z</sub> 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 weeks", Reported fetal mortality of intrauterine pregnancy is 20% to 70% following laparotomy for tubal abortion at 4 weeks". In our case it escaped detection by transabdominal sonography at the time of tubal abortion in the 4<sup>th</sup> week of gestation i.e prior to the appearance of the intrauterine gestational sac.

## References

- Rock J A, Damario M A. Ectopic Pregnancy. In: Rock J A and Thompson J D, eds. Te Linde's Operative Gynecology. 8<sup>th</sup> ed. USA. Lippincott-Raven Publishers 1997: 524.
- Reece EA, Petrie RH, Sirmans MF et al, Combined intrauterine and extrauterine gestations: a review. *Am JObstet Gynecol1983; 146:323.*

Paper received 011 28/2/02 ; accepted 011 14/6/02

Department of Obstetrics and Gynecology. Medical College and Hospitals. 88, College Street, Kolkata - 700073.