



HETEROTOPIC PREGNANCY: CASE REPORT- Diagnostic and Therapeutic Challenge in Resource-Limited Setting

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Back ground

Heterotopic pregnancy is a rare variety of ectopic pregnancy with an estimated incidence of 1 in 30,000 pregnancies under natural conception. The diagnosis and treatment of such a rare variety of ectopic pregnancy is challenging for care providers in the discipline of reproductive health. We are reporting a case of heterotopic pregnancy for whom inadvertent uterine curettage was done elsewhere, considering it as failed intrauterine pregnancy. Subsequently, she was diagnosed to have both tubal and failed intrauterine pregnancy via trans abdominal ultrasound at presentation and the diagnosis of heterotopic pregnancy was confirmed at laparotomy and histopathologically.

Results

This is a 40 years old Para 3 mother from Minjar in central Ethiopia who has had history of infertility for 12 years presented to our emergency gynaecologic outpatient department with severe lower abdominal pain, vaginal bleeding following amenorrhea of 2 months. She gave history of uterine evacuation 4 days prior to presentation. On physical examination, she was hypertensive, tachycardic and with classical features of acute abdomen. Trans abdominal ultrasonography evaluation revealed two gestational sacs; one in the uterine cavity proper with fetal pole but absent heart beat, gestational age corresponds to 8 weeks + 2 days and the second pregnancy in left tube with positive fetal heart beat, gestational age of 8 weeks + 5 days, as shown in the figure1. She was stabilized and treated surgically: left salpingectomy was done for the ruptured left ampullary pregnancy along with evacuation of hemoperitoneum from the abdominal cavity and open uterine curettage for the missed abortion (intrauterine pregnancy) was also done resulting in good maternal outcome. Intraoperative findings are shown in figure 2 and 3. Finally, histopathology result confirmed the presence of chorionic villi from the biopsies that was taken the uterine cavity and the left fallopian tube.

Figures

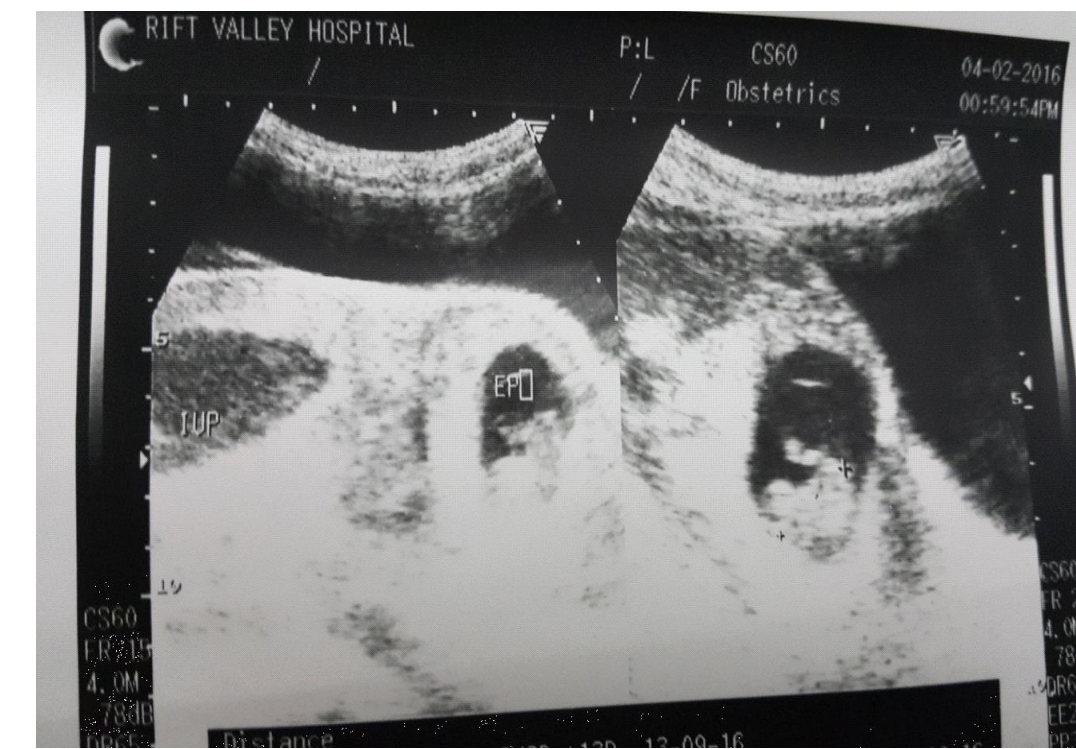


Figure 1: Trans abdominal ultrasound finding of Heterotopic pregnancy showing two separate gestational sacs; one of which is in the uterine cavity proper with no fetal heart beat, gestational age corresponding to 8 weeks + 2 days and the second pregnancy in left tube with positive fetal heart beat, with gestational age of 8 weeks + 5 days.



Figure 2: Intraoperative finding revealing hemoperitoneum, ruptured left tubal pregnancy (salpingectomy specimen on the kidney dish), hematosalpinx of the right tube and enlarged uterus.

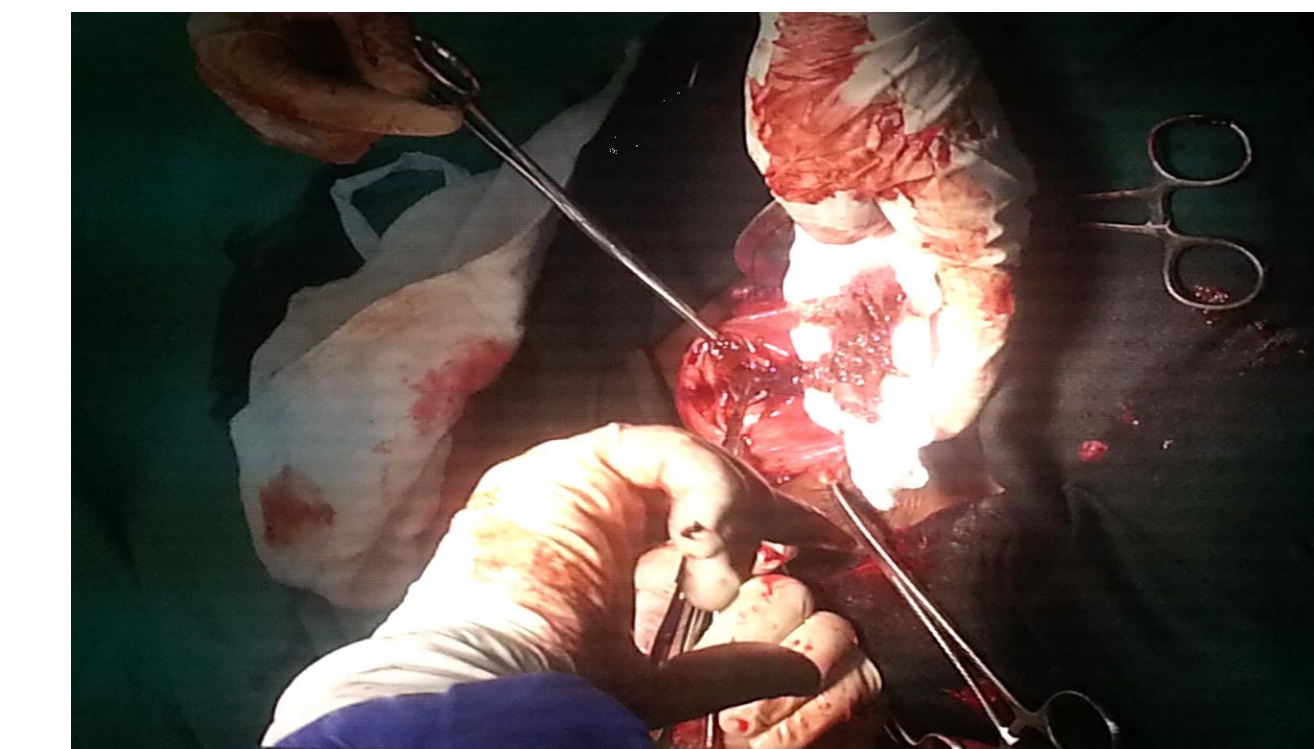


Figure 3: Retained product of conception of being evacuated from the uterine cavity.

Discussion

The simultaneous occurrence of pregnancies at two different implantation site is very rare. Following natural conception, its incidence is 1 in 30 000 of pregnancies, However, with the advent of assisted reproductive techniques (ART) the incidence has risen to the level of 1 in 3 900 pregnancies. Even though our case has no history of assisted reproductive techniques, her past history of infertility for 12 years might have predisposed her for having such a rare variety of ectopic pregnancy. Heterotopic pregnancy can mimic failed intrauterine pregnancy and/ or ectopic pregnancy. Hence, meticulous clinical evaluation and high index of suspicion along with imaging studies during initial presentation are crucial to reach at diagnosis of heterotopic pregnancy timely which would have prevented inadvertent curettage of a viable intra-uterine pregnancy. Most cases of heterotopic pregnancies are treated laparoscopically if hemodynamically stable while unstable patients are treated by laparotomy. Our case was hemodynamically unstable with signs of tubal rupture because of which was surgically managed by open laparotomy resulting in good maternal outcome.

Methods

Case report

Conclusion & Recommendation

The possibility of heterotopic pregnancy should always be considered in any women of reproductive age who presents with lower abdominal pain, vaginal bleeding, amenorrhea and positive pregnancy test. Hence, routine ultrasonographic evaluation has to be done for early diagnosis, proper management, preventing inadvertent damage to the viable intrauterine pregnancy and maternal complication. Timely diagnosis and proper laparoscopic or laparotomic surgical management of heterotopic pregnancy have excellent fetomaternal outcome of up to 70% live birth rate at or near term.