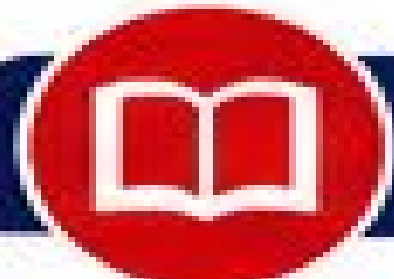
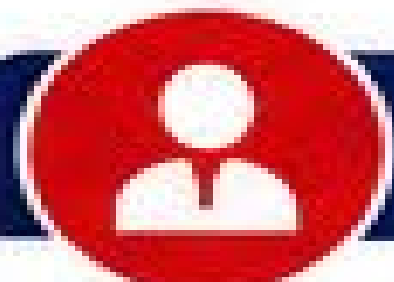


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INTRODUCTION

- Abdominal ectopic pregnancy accounts for less than 1% of ectopic gestations.
- Implantation on the sigmoid mesentery is exceptionally rare, presenting significant diagnostic and surgical challenges due to haemorrhage risk.



CASE PRESENTATION

- A 27-year-old woman presented with severe abdominal pain, haemodynamic instability, and a marked drop in haemoglobin.
- CT demonstrated massive haemoperitoneum with no intrauterine pregnancy.
- Emergency laparoscopy revealed approximately 3 litres of intraperitoneal blood.
- An ectopic pregnancy implanted on the sigmoid mesentery was identified, with no tubal or ovarian involvement.
- Pregnancy tissue was dissected from the mesenteric surface and haemostasis achieved using bipolar diathermy.
- No bowel resection was required.
- Histopathology confirmed products of conception.

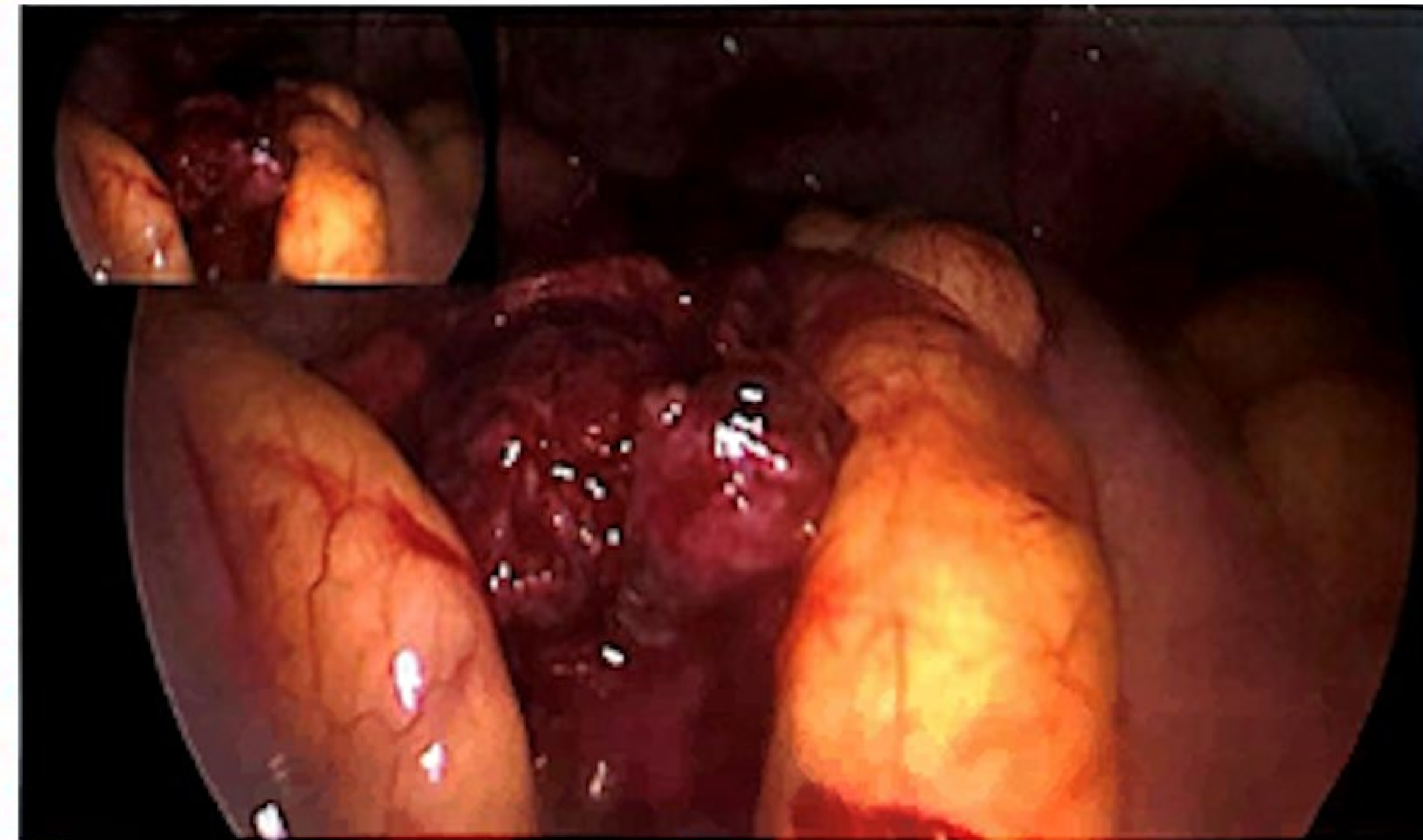


Image 1: Ectopic pregnancy implanted on the sigmoid mesentery

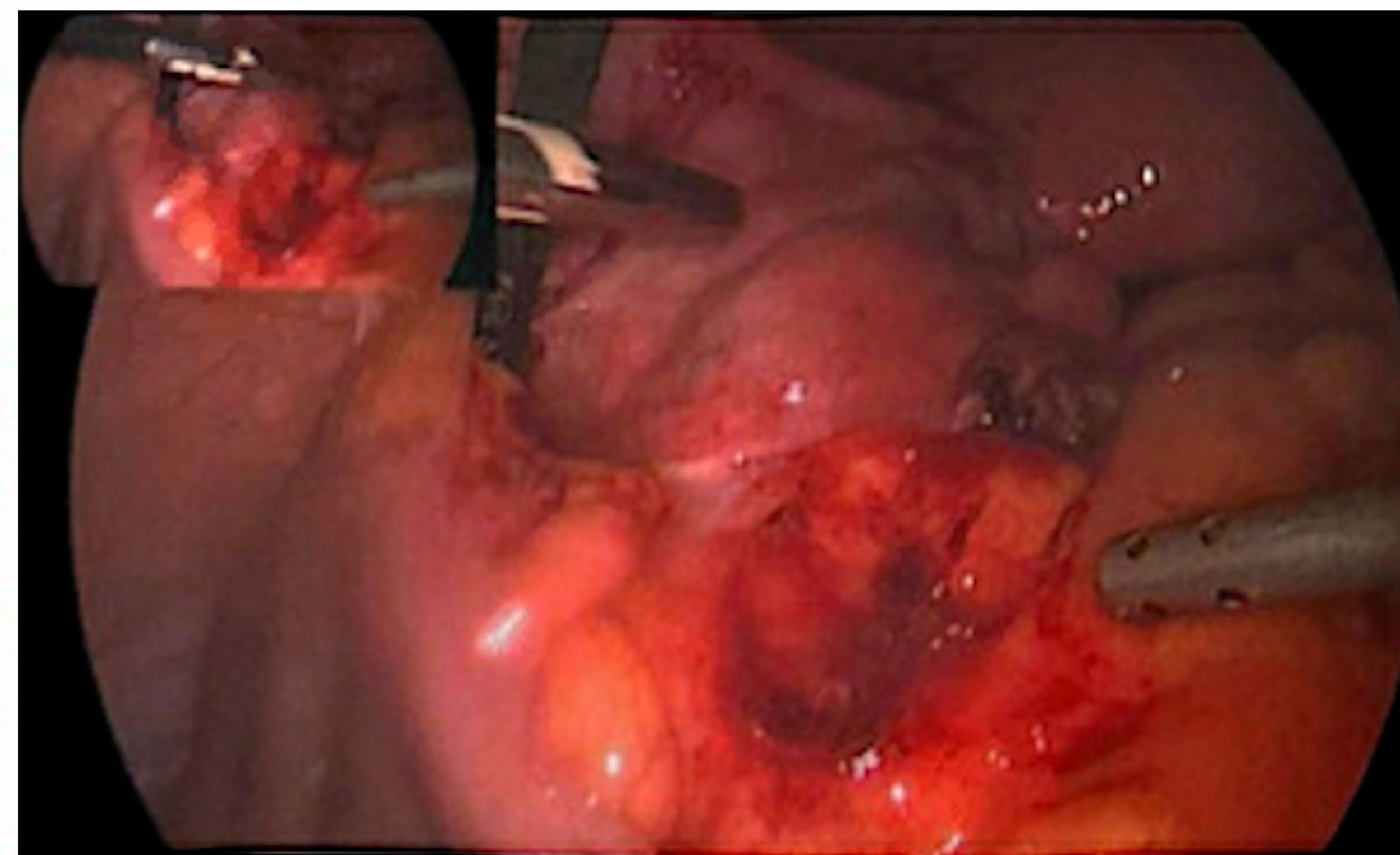


Image 2: Rounded indentation on the sigmoid mesentery after resection of the ectopic pregnancy.

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LITERATURE REVIEW

- A literature review identified 16 reported cases of ectopic pregnancy implanted on the sigmoid mesentery or mesocolon.
- Most presented with abdominal pain and haemoperitoneum, frequently with haemodynamic compromise.
- Ultrasound often failed to localise the implantation site; CT or MRI improved diagnostic accuracy and surgical planning.
- Management included laparoscopic and open approaches, with mesenteric involvement and vascular control guiding the decision between definitive tissue removal and conservative haemostatic management.



CONCLUSION

- Sigmoid mesentery ectopic pregnancy is among the rarest and most surgically challenging ectopic implantation sites.
- Prompt recognition and immediate intervention are critical given the risk of life-threatening haemorrhage.
- Optimal outcomes require a multidisciplinary approach, with colorectal surgical support readily available given the proximity to the bowel.
- This case further contributes to the limited published literature, the accumulation of which remains essential to guide future surgical decision-making.



KEY LEARNING POINTS

- ✓ Extremely rare implantation site with only few reported cases.
- ✓ High risk of massive haemoperitoneum and instability.
- ✓ Imaging beyond ultrasound (CT/MRI) improves accuracy.
- ✓ Urgent surgical management is life-saving.