

SUCCESSFUL MANAGEMENT OF RUPTURED ECTOPIC – MORIBUND PATIENT WITH MISLEADING CLINICAL PRESENTATION

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Introduction

In UK , the incidence of ectopic pregnancies is approximately 11/1000 pregnancies ,with an estimated 11,000 ectopic pregnancies diagnosed each year . The incidence of ectopic pregnancy in attending early pregnancy units is 2-3 % . Unfortunately women still die from ectopic pregnancy ,rate being higher in developing countries. Though tubal damage following surgery or infection, smoking and in vitro fertilisation predisposes to ectopic , the majority of women have no identifiable risk factor .

Objective

To reinforce certainty of uncertainty in ectopic pregnancy clinical presentation



Case report

28 yrs old , P1L1A1 , underwent medical termination of pregnancy 45 days ago with per vaginal spotting intermittently , presented at A and E with collapse after injection Diclofenac . Considering case of suspected anaphylaxis, patient was admitted under physician and provided with necessary ventilator and hemodynamic support . USG abdomen revealed profound blood collection but source of bleeding could not be located with strong possibility of ruptured ectopic .

HB- 5.6 gm% , Beta hcg – positive , patient on ventilator support

Emergency laparotomy was done and left ruptured tubal ectopic was noted with ruptured site partially sealed with clots but still oozing , salpingectomy performed . Right sided fallopian tube and uterus normal .Approximately 2 litres of blood and blood clots removed . Densely adherent small blood clots noted in pouch of douglas, in view of oozing from surfaces only partial removal was possible . Postoperatively patient needed ventilatory and hemodynamic support for 2 days and HDU care for 5 postop days .Deranged renal functions managed with supportive care . After 4 days of routine general care , patient was discharged and followed up as outpatient care .

Discussion

In low resource areas , USG in early pregnancy is still a much awaited facility . All clinician must emphasise upon importance of sonography to locate site of pregnancy in early pregnancy care and confirmation of abortion process completion . The case ultimately survived due to efficient HDU facilities , multidisciplinary approach and blood transfusion .Ectopic pregnancies are always a diagnostic and therapeutic challenge due to unpredictable presentation and life threatening potential

Conclusion

Appropriate use of imaging techniques like sonography empowered with surgical proficiency play a key role in reduction of maternal mortality and morbidity in ectopic pregnancy cases.

Key words

Collapse , ruptured tubal ectopic , salpingectomy , ventilator , hemodynamic support