

RUPTURED ABDOMINAL PREGNANCY IN A CASE OF PREGNANCY OF UNKNOWN LOCATION



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OBJECTIVE

To highlight the importance of close monitoring and counselling, with emphasis on early surgical intervention in symptomatic cases of pregnancy of unknown location (PUL).

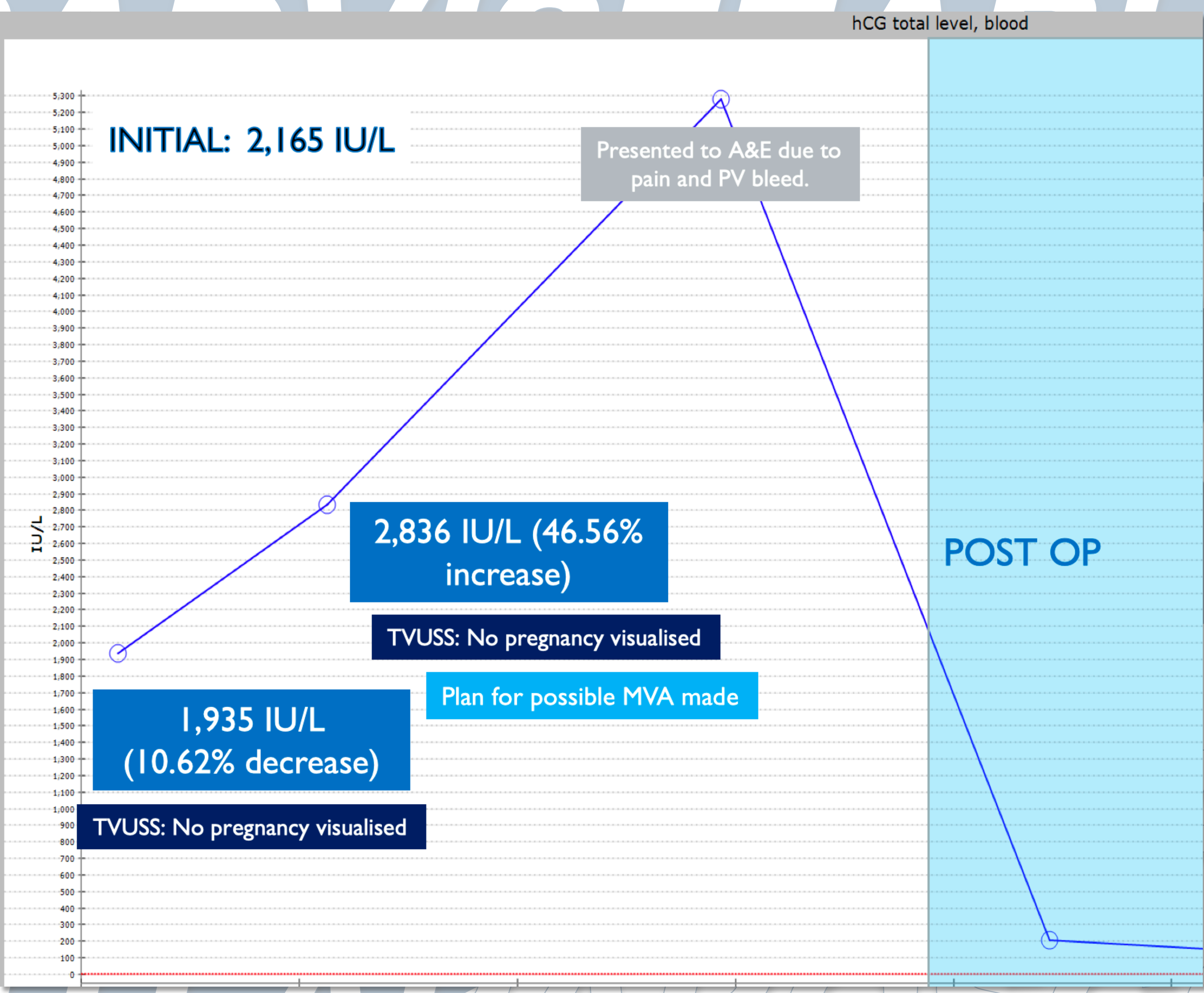


Figure 1: Schematic Representation of Events and Investigations.

CASE REPORT

A 35-year-old, gravida 3, para 1+1, 4 weeks and 5 days gestation, presented to the Early Pregnancy Unit (EPU) after a positive pregnancy test with anxiety attributed to a ruptured ectopic pregnancy six months prior. A transvaginal ultrasound (TVUS) showed no evidence of intrauterine pregnancy (IUP). Asymptomatic at presentation, she was placed on the management pathway for PUL with serial β -hCG monitoring after appropriate counselling and safety advice.

Six days later, she presented to the Emergency Department (ED) with abdominal pain. She collapsed in the reception while awaiting assessment. Following fluid resuscitation, a blood pressure of 95/60 mmHg and a haemoglobin level of 134 mg/dL were noted. After a complete assessment an emergency laparoscopy was performed, revealing 300-400 mL of haemoperitoneum, and a haemorrhagic fleshy mass on the left side of the abdomen loosely adhered to the omentum and to bowel loops near the normal left ovary. The mass was resected. The left tubal stump from a previous salpingectomy was intact on inspection, and a normal right fallopian tube and ovary were also noted. Histopathology confirmed an ectopic pregnancy. She was followed up with serial β -hCG levels and with a final level of 6 mIU/mL.

DISCUSSION

Miscarriage and ectopic pregnancies have a significant effect on women's quality of life. The rate of ectopic pregnancy is 11 per 1,000 pregnancies with a mortality rate of 0.2 per 1,000 ⁽¹⁾. Apart from the medical aspect of ectopic pregnancies, great consideration must be given regarding the desire for future pregnancies, which may prove difficult in an emergency. Conservative management is recommended for asymptomatic PUL. Given that no available modality can predict the outcome with 100% accuracy, early surgical intervention is advocated for symptomatic cases either at presentation or during surveillance ⁽²⁾.

CONCLUSION

Management of PUL may prove challenging, hence the recommendation for EPU to adopt algorithms of care for investigations and treatment ⁽²⁾. Emphasis should be placed on counselling and safety netting for patients commenced on the conservative management pathway to avoid any delay in presentation and management. It should also be noted that given the pressures of COVID-19, delays may be more pronounced and coordination between the EPU and ED should be seamless.

REFERENCES

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