

Heterotopic pregnancy with secondary implantation

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Objective:

We present a rare case of heterotopic pregnancy where histology confirmed an intrauterine pregnancy and right sided cornual ectopic with secondary implantation in the serosa of the contralateral tube. This case highlights the importance of follow up till the early pregnancy is concluded.

A 39-year-old lady attended early pregnancy assessment unit (EPAU) in her seventh pregnancy with mild abdominal pain and vaginal bleeding. She was Para 3 with previous 3 miscarriages.

Ultrasound scan (USS) showed mixed echogenic mass sited centrally in the uterus measuring 49mm AP diameter and 65mm longitudinally. Appearances were suggestive of molar pregnancy with BHCG of 15,292 IU/L. She was consented for surgical management under GA. This was carried out with no complications. BHCG was followed post evacuation while awaiting histology which continued to rise reaching 42823 IU/L ten days post evacuation. Histology confirmed intrauterine products of conception, with no evidence of abnormal trophoblast proliferation.

Due to ongoing rise in BHCG, a repeat USS was organised, which showed an echogenic rounded mass in continuation with the outline of the uterus measuring 39mmx33mm highly suspicious of a right cornual pregnancy. The patient was asymptomatic.

Findings were discussed with the patient who was consented for laparoscopy. It showed normal ovaries. There was an obvious right 3 x 4cm intact cornual ectopic. Normal looking right tube leading from cornual ectopic. Left tube showed small lesion of organised clot/products appears implanted superficially to left tube. Mini Wedge resection of right cornua and right total salpingectomy was performed.

BHCG went down to 336 IU/L post operatively. Histopathology confirmed right cornual ectopic pregnancy, and the products implanted on the serosal surface of the left tube showed chorionic villi which indicated secondary implantation.

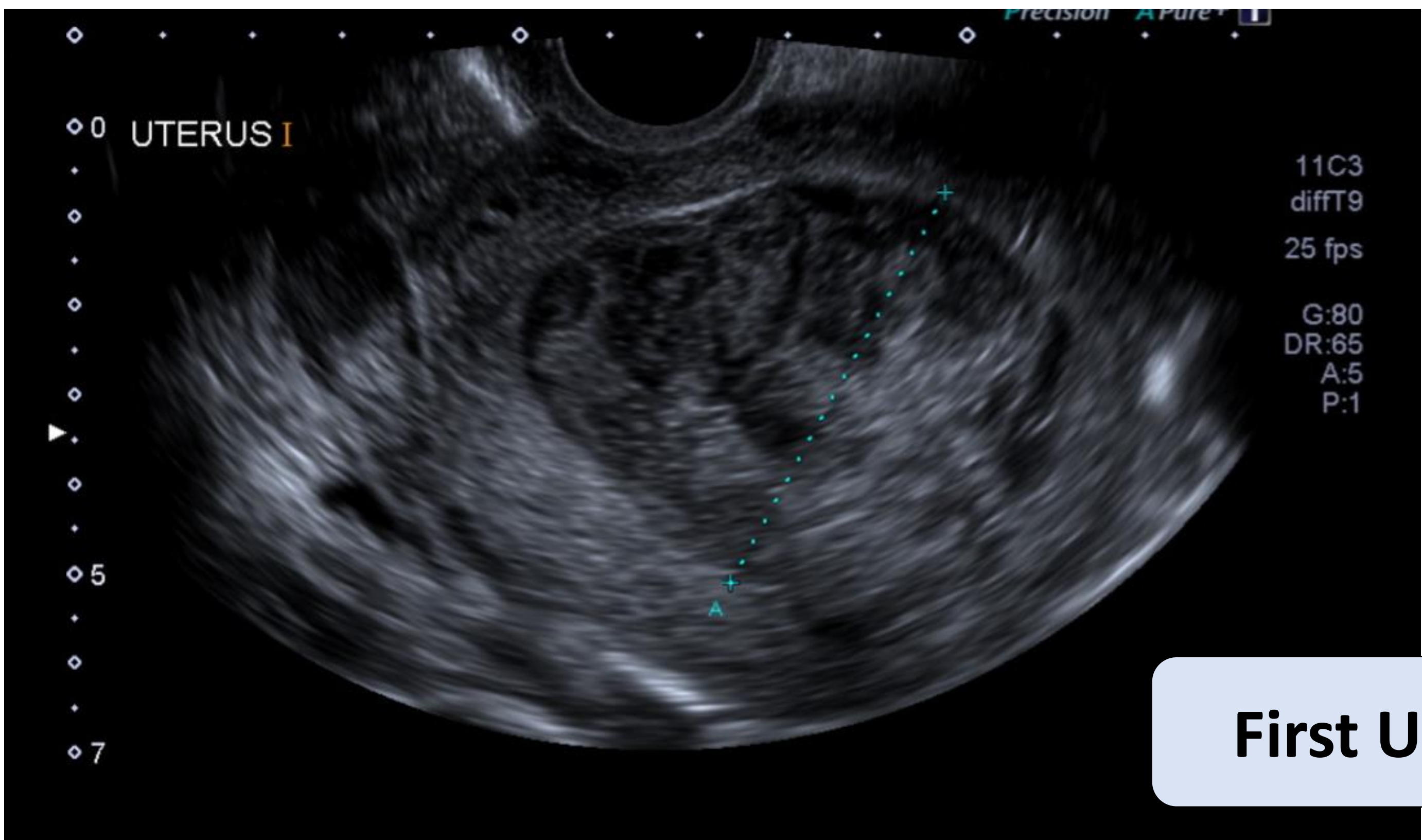
The patient recovered well and was advised to have an early USS next pregnancy and to be delivered by an elective CS.

Discussion

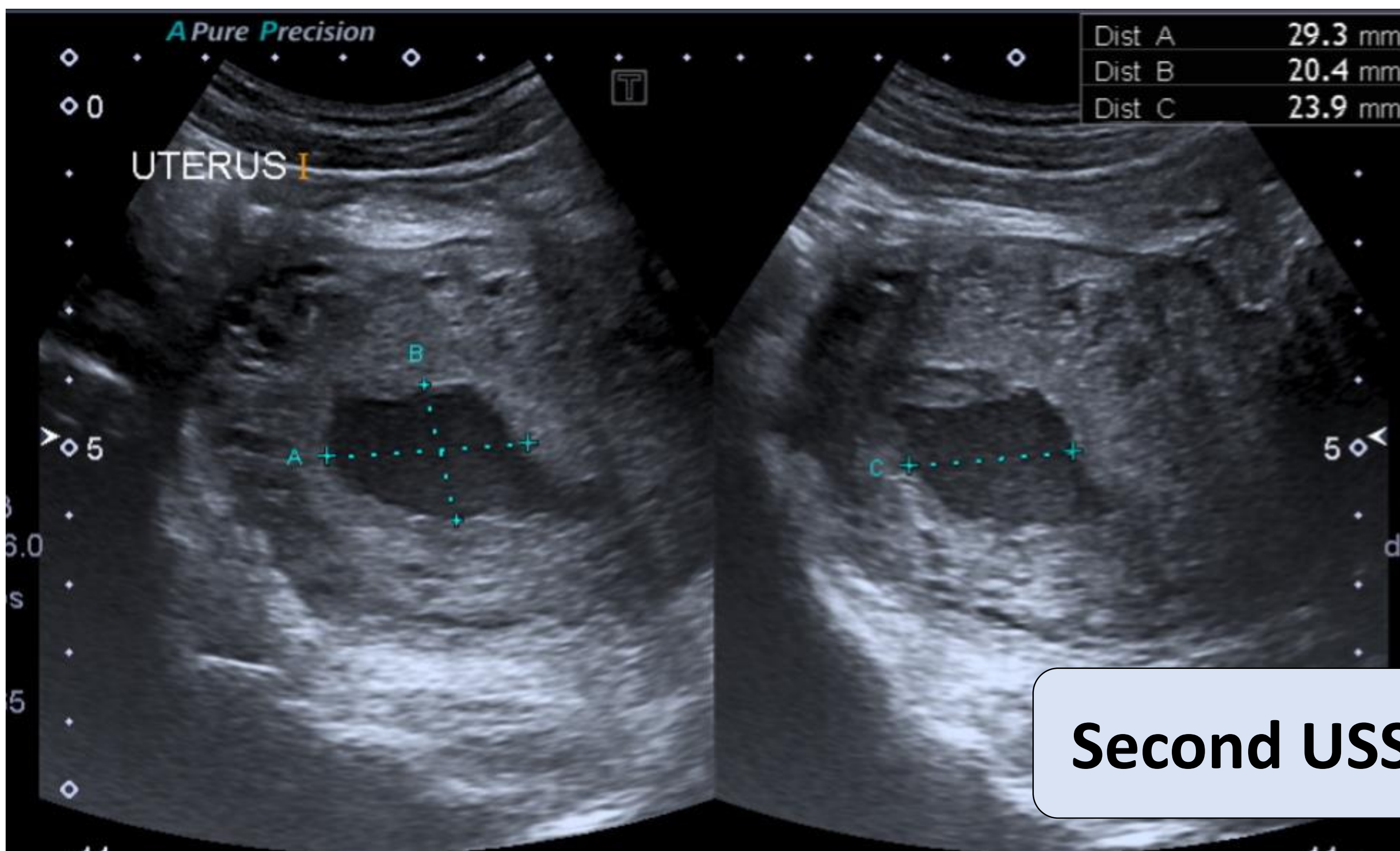
This case shows that although rare, we should always consider hererotopic or cornual pregnancy in cases of rising BHCGs post-surgical evacuation of the uterus. Luckily, this case was suspected molar pregnancy, hence, BHCG was followed up while awaiting histology.

Conclusions

This is a very rare case of heterotopic pregnancy with an intra uterine pregnancy and a right cornual ectopic pregnancy where secondary contralateral tubal implantation has occurred. Close monitoring of women with high BHCGs following management of miscarriage is paramount especially if we cannot confirm molar pregnancy on histology.



First USS



Second USS