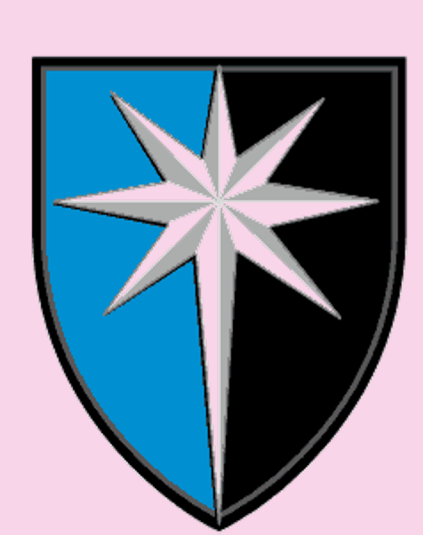




Objective

This case highlights the long-term obstetric risks of salpingectomy. These include recurrent ipsilateral interstitial ectopic pregnancy and uterine rupture.

Case report

A 29-year-old lady, G²P⁰⁺¹, presented with acute abdominal pain and shock at 14 weeks of pregnancy. A ruptured right-sided interstitial ectopic pregnancy was managed surgically. She gave a history of open salpingo-oophorectomy for a complicated right-sided ectopic pregnancy involving the ovary at 12 weeks in her previous pregnancy. A subsequent a year later was complicated by impending upregnancyterine rupture at 30 weeks of gestation. A healthy baby was delivered by lower segment Caesarean section (LSCS).

Discussion

The patient had a previous ectopic pregnancy that developed into a right-sided haematosalpinx involving the ovary. This presented late with clinical signs of shock. A salpingo-oophorectomy was performed. The left tube and ovary were normal. A recurrent ectopic pregnancy occurred on the same side in the remaining interstitial tubal portion.

Recurrent interstitial pregnancy after an ectopic pregnancy can be prevented by complete salpingectomy, including a wedge-shaped excision of the cornual region. This procedure is not without complications and does not give a 100% assurance against recurrence. Effectively, the disadvantages of cornual resection outweigh the advantages.

The management of interstitial ectopic pregnancy also varies with the site of rupture and the extent of damage to adjacent tissue. In this case, a wedge resection of the interstitial tubal segment was performed after removing the pregnancy sac. Haemostasis was secured, and the raw surface was covered by a posterior myometrial flap.

Subsequent pregnancy is fraught with risk of uterine rupture at any stage, particularly when considering that the cornual area was observed to be compromised on subsequent hysterosalpingogram. Uterine rupture is also predisposed to by the increased risk of placenta accreta at the site of cornual resection. The patient is likely to benefit from LSCS at term.

Conclusions

This case highlights the importance of meticulous surgical technique when performing a salpingectomy for whatever pathology. The risk of a recurrent ipsilateral interstitial ectopic pregnancy must always be considered. Also, the risk of antenatal and intrapartum uterine rupture must be addressed in pregnancies after interstitial pregnancies.

Learning Points

- Proper suturing should be ensured to close the distal tubal end when performing a salpingectomy for a hydrocoele or haematocele.
- The risk of interstitial ectopic pregnancy must be considered in such cases.
- The risk of antenatal and intrapartum uterine rupture must be considered following the management of a second trimester interstitial pregnancy.

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