

Chronic tubal ectopic pregnancy with sonographic features of a complex adnexal mass

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Objective and background

Literature on the rare occurrence of chronic ectopic pregnancy (CEP) almost always presents with a diagnostic dilemma – often masquerading as a tubo-ovarian abscess, appendiceal abscess or complex benign or malignant adnexal mass. We present a case of tubal CEP correctly diagnosed at laparoscopy but with pre-operative sonographic features suggestive of complex adnexal mass.

Case report

A 34 year old whose admission urinary pregnancy test was negative and serum beta hcg of 3 presented with two day history of central to right iliac fossa pain and light vaginal bleed. Clinical assessment elicited a soft tender right iliac fossa with mild rebound tenderness but no guarding. Clinical observations were all normal. Haemoglobin was 103 g/l, white cells of 6×10^9 per litre and c-reactive protein of 25 mg/L. Four weeks prior to this presentation, she had a confirmed missed miscarriage based on symptoms and a precipitous drop of bhcg from a peak of 734 iu/L. She never had an ultrasound to confirm the miscarriage. During this admission, ultrasound scan showed a thin endometrium of 3mm, a 61mm right heterogenous adnexal mass with vascularity noted within and a moderate amount of free fluid in the pelvis. Tumour marker screen showed a CA125 of 35, CA19.9 of 30 and CEA of 2.1. Magnetic resonance imaging (MRI) showed significant haemoperitoneum and a right ruptured tubal ectopic pregnancy. Laparoscopy and subsequent histology confirmed the diagnosis of CEP. A right salpingectomy and excision of the ectopic pregnancy was performed during laparoscopy.

“A negative serum bhcg or urinary pregnancy test in a woman of reproductive age presenting with pelvic pain does not exclude an ectopic pregnancy as a differential diagnosis”

Discussion

Tempfer et al in their 2019 systematic literature review of 399 CEP cases showed 32% negative serum bhcg rate. A common medical education dictum states that any woman of reproductive age presenting with pain and a positive pregnancy should be managed as an ectopic pregnancy until disproven. However, CEP cases show this dictum should be unlearned as it is possible to have an ectopic pregnancy with a negative pregnancy test. The diagnostic dilemma in CEP cases appears to be based on the reassurance of a negative pregnancy test leading to elimination of an ectopic pregnancy in the differential diagnoses.

Reference

Tempfer CB, Dogan A, Tischoff I, Hilal Z, Rezniczek GA. Chronic ectopic pregnancy: case report and systematic review of the literature. Arch Gynecol Obstet. 2019 Sep;300(3):651-660. doi: 10.1007/s00404-019-05240-7. Epub 2019 Jul 23. PMID: 31338659.



Figure 1
Laparoscopic image of
organised chronic
ectopic pregnancy