

CASE SERIES -RARE ECTOPIC PREGNANCIES

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1. A case of ovarian ectopic pregnancy

32 yrs, Po, presented to ED with severe abdominal pain (10/10) and bleeding..HCG 852 Prog 3 .A drop in Hb and dropping BP
TVUS - Rt. adnexal mass with a sac , measuring 4cm x 4 cm. Could not be separated from the right ovary.

Laparoscopy - Large clots seen around the rt. adnexa. Rt. ovary had a sac like structure, which had ruptured with ongoing bleeding from the edges..Sac taken out and sent for histopathology, which confirmed ovarian ectopic pregnancy.

2. A case of abdominal ectopic pregnancy

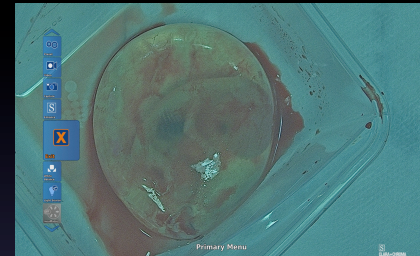
27 yr ,P1, presented to ED, with severe pain abdomen and vaginal bleeding. Vitals stable, BHCG 62,000
Abdomen soft , but tender. TVUS - LIVE ectopic gestation within the right adnexa

82.5 x 55.3 x 63.3mm mass,with CRL 10 +4 gestation. moderate amount of blood within the abdomen.

Laparoscopy: Very limited view as abdomen full of organized clots and bloods - estimation about 1L .

Pregnancy sac not seen

Laparotomy -Intact gestational sac with the fetus seen in the abdomen, Partially ruptured right tube with friable right adenexa. Histology confirmed ectopic pregnancy.



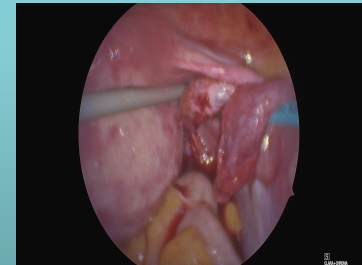
3. A case of heterotopic pregnancy

28years, P2, smoker, presented to ED with an unplanned 6/40 spontaneous conception with 3 days of abdominal pain associated with PV spotting..BHCG - 32,684. progesterone 75. Vitals stable

TVUS confirmed an intrauterine gestational and a left adnexal mass, with a Gestational sac.

There was also some free fluid. 2 corpus lutei were seen on scan, raising the suspicion of heterotopic pregnancy
STOP and laparoscopic left salpingectomy with no complications.

Histological findings confirmed a heterotopic pregnancy.



Discussion & Conclusion:

Heterotopic pregnancies account for 1:30000 spontaneous pregnancies. 0.15-3% of ectopics occur in the ovary. Incidence 1:3,000 to 1:7,000 deliveries. Abdominal pregnancies represent 1% of ectopic pregnancies. Incidence 1:10000 pregnancies and 1:30,000 pregnancies. Higher rates may be found in assisted conception.

Women who present with abdominal pain in pregnancy must have a diagnosis of ectopic pregnancy ruled out. If women have ongoing pain in a known IUP, a heterotopic should be considered especially following repeat presentation.