

A Case Report of a Fallopian Tube Stump Ectopic Pregnancy

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Introduction

Ectopic pregnancies (EP) have an incidence of 1-2% of all pregnancies, with approximately 95% to 97% occurring within the fallopian tube¹. The incidence of tubal stump EPs are exceedingly rare, accounting for 0.4% of all EPs². However, with the incidence of ectopic pregnancy increasing over time this is an important consideration in the treatment of women in early pregnancy. This case highlights the importance of full excision of fallopian tube at the time of salpingectomy, especially in the case of an EP, and adds to the current literature on a rare event to increase clinical suspicion in these cases.

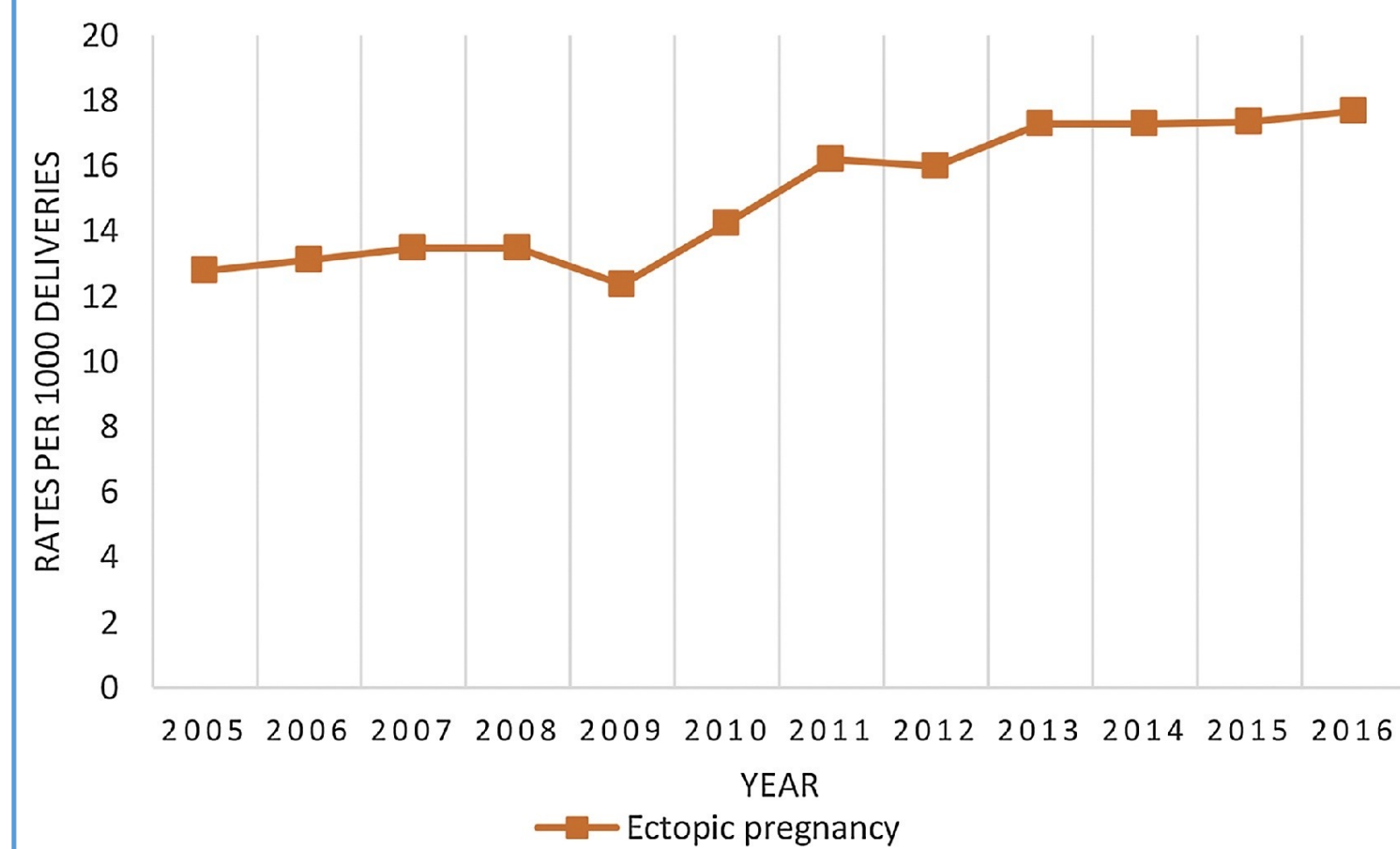


Figure 1. Ectopic Pregnancy Hospitalisations
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Discussion

A tubal stump EP is a rare occurrence, associated with an increased mortality rate of 2.0-2.5% when compared with other EPs with a mortality rate of 0.14%³. There is often a delay to diagnosis which indicates a high index of suspicion is required even with a history of salpingectomy. There are two main theories explaining the occurrence of stump EPs: the remnant of the fallopian tube recanalizes forming a fistula post salpingectomy⁴; or, the ovum is fertilised via the contralateral tube and migrates to the tubal stump⁵. The mainstay of surgical treatment is to remove the EP and the remaining isthmal stump⁶, as we did in this case, and is associated with favourable pregnancy outcomes⁷.

Case Report

A 30-year-old G2P1, 5/40 by dates, presented via ambulance with sudden onset severe generalised abdominal pain. She had previously had a left salping-oophorectomy for a large ovarian cyst. On arrival she was diaphoretic, pale and haemodynamically unstable with a blood pressure of 79/64 and heart rate of 130. Bedside ultrasound revealed no evidence of intra-uterine pregnancy and large volume free fluid up to right upper quadrant. Her bHCG was 9,664, haemoglobin of 96 and lactate of 3.9. Resuscitation commenced in the emergency department with 1 unit pack red blood cells and an emergency laparoscopy was performed due to concern for ruptured EP with significant haemoperitoneum.

Laparoscopy revealed a 2.5L haemoperitoneum with the left fallopian tube remnant/isthmal stump enlarged and bleeding, suspicious for ruptured EP. Normal appearance to uterus, right ovary and tube and abdominal survey. Hysteroscopy was also performed with normal endometrial cavity with no evidence of intrauterine pregnancy. The tubal remnant was removed with ligasure, oversewn and Tisseal applied. Uncomplicated recovery post operatively.

Ongoing bHCG monitoring initially declined to 78, however on day 21 post-op bHCG increased to 193. This was repeated 48hrs later with upward trending bHCG to 230. With concern for remaining ectopic tissue medical management with intramuscular (IM) methotrexate was given. Day 7 post methotrexate showed a bHCG of 249 and a second dose of IM methotrexate was given. This was successful with bHCG returning to normal over the following 2 weeks.

Conclusion

Tubal stump ectopic pregnancies are a rare, yet possible event. In the setting of a previous salpingectomy a high index of suspicion is paramount for early, accurate diagnosis and definitive management to reduce maternal morbidity and mortality.

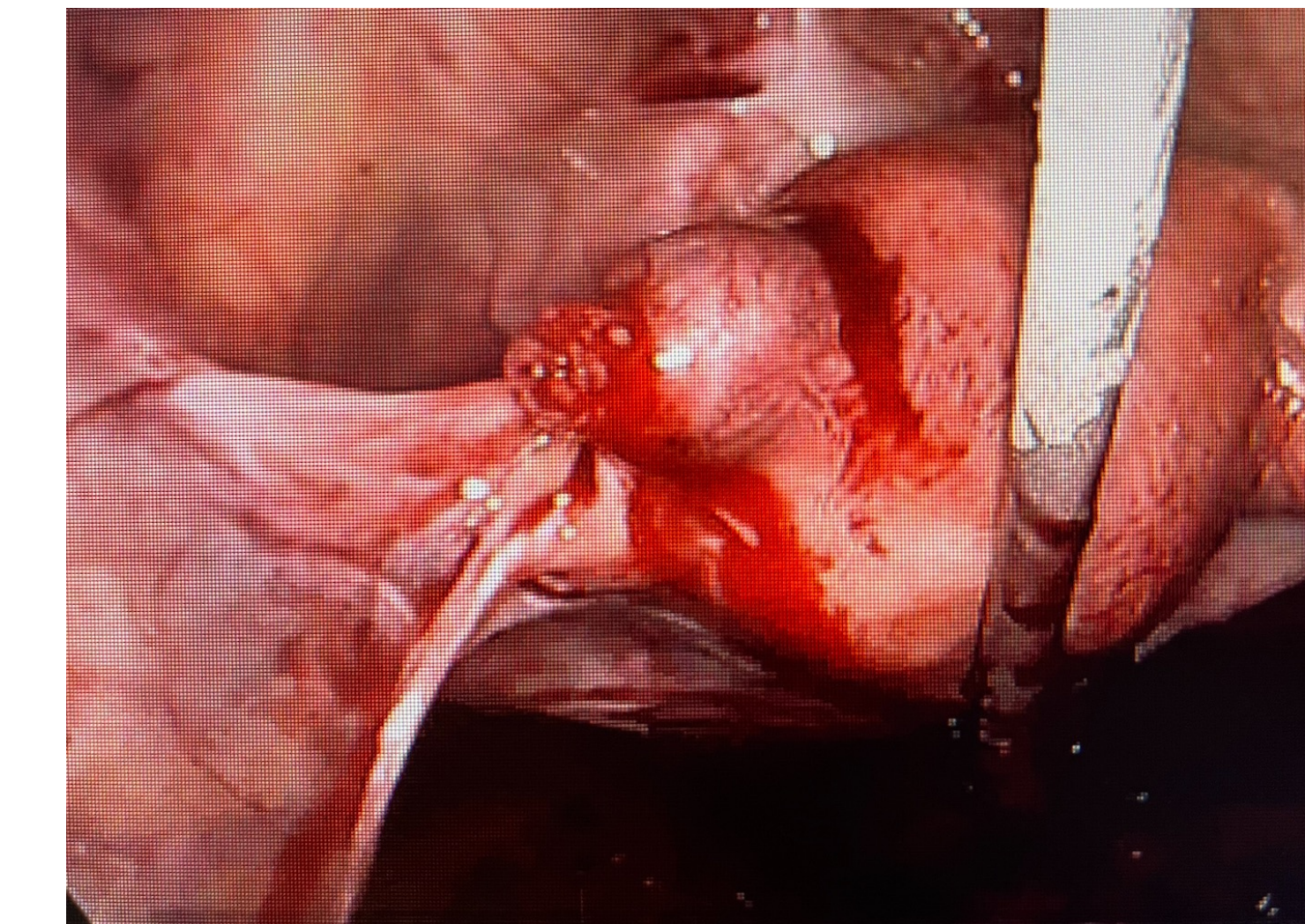


Figure 3. Ectopic Pregnancy Intraoperative image



Figure 4. Ultrasound Right Adnexa

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