Heterotopic Pregnancy – A case Report

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Background

Heterotopic pregnancy is where both intrauterine and ectopic
pregnancy is present. Heterotopic pregnancy is rare, 1 in 30,000
in spontaneous pregnancies while a higher prevalence may occur in assisted reproduction techniques.

Objective

To present a case of heterotopic pregnancy with live intrauterine gestation and ruptured left tubal ectopic pregnancy.

Case Report

Para1, previous normal delivery, referred as heterotopic pregnancy, 5wks 4days gestation, ovulation induction with Clomiphene. Presented to emergency department with lower abdominal pain more on left side, and brownish vaginal discharge. Observations were normal, abdomen soft, no tenderness, bimanual examination cervix os closed, and uterus bulky, cervical motion tenderness present.

Ultrasound showed single intrauterine gestational sac 16.4mm, yolk sac and fetal pole seen, right side corpus luteal cyst 2.12x1.79cm and free fluid in pouch of Douglas and adnexa around 500ml.Beta HCG was 21, 378IU/L. Admitted to the hospital, observations were normal, hemoglobin dropped from 11.6 to 6.5 and beta HCG after 48hrs was 36, 814. Possibility of heterotopic pregnancy/ruptured corpus luteal cyst is considered and Laparoscopy was done.

Operative findings were hemo peritoneum about 1500ml, left tubal pregnancy and right tube was normal, uterus was bulky. Left salpingectomy was done. 4units packed cell given. Discharged home third day. After 3weeks she had follow up in early pregnancy unit ultrasound showed single viable intrauterine pregnancy 9weeks.Histopathology confirmed tubal pregnancy.

Continued her intrauterine pregnancy and antenatal period was uneventful. At 39weeks she presented in spontaneous labour and had Kiwi delivery for pathological CTG. Baby boy, weighing 3040grams with normal Apgar and cord gases.

Discussion

A heterotopic gestation is difficult to diagnose clinically. The presence of intrauterine pregnancy does not exclude the presence of ectopic pregnancy. It should always be remembered that a woman of childbearing age potentially may experience heterotopic pregnancy. Detailed transvaginal ultrasound should be performed, even in presence of intrauterine pregnancy; adnexa should be examined in every woman in early pregnancy.

Conclusion

A high index of suspicion can help in timely diagnosis and appropriate intervention. A heterotopic pregnancy, though extremely rare; a timely intervention can result in a successful outcome of the intrauterine pregnancy.

References

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