

Laparoscopic myomectomy to facilitate laparoscopic resection of a bleeding interstitial ectopic pregnancy

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Interstitial pregnancies present a diagnostic and management challenge and are associated with significant bleeding risk. We present a case of an interstitial ectopic pregnancy where there was a diagnostic delay due to the presence of uterine fibroids and where a laparoscopic myomectomy was required in order to perform laparoscopic resection of the ruptured interstitial pregnancy.

Fibroids are the most common solid tumours in women of childbearing age and ectopic pregnancies are found in 2-3% of women attending early pregnancy units, however, there is a paucity of literature relating to the specific management challenges of ectopic pregnancy and the fibroid uterus

Case history

A patient in their 30s, G3P0 attended ED with 8 weeks amenorrhea and generalised abdominal pain. She had known uterine fibroids. Following TVUS she was initially misdiagnosed as a viable “intrauterine” pregnancy of 12 weeks gestation with a ruptured corpus luteal cyst and managed conservatively.

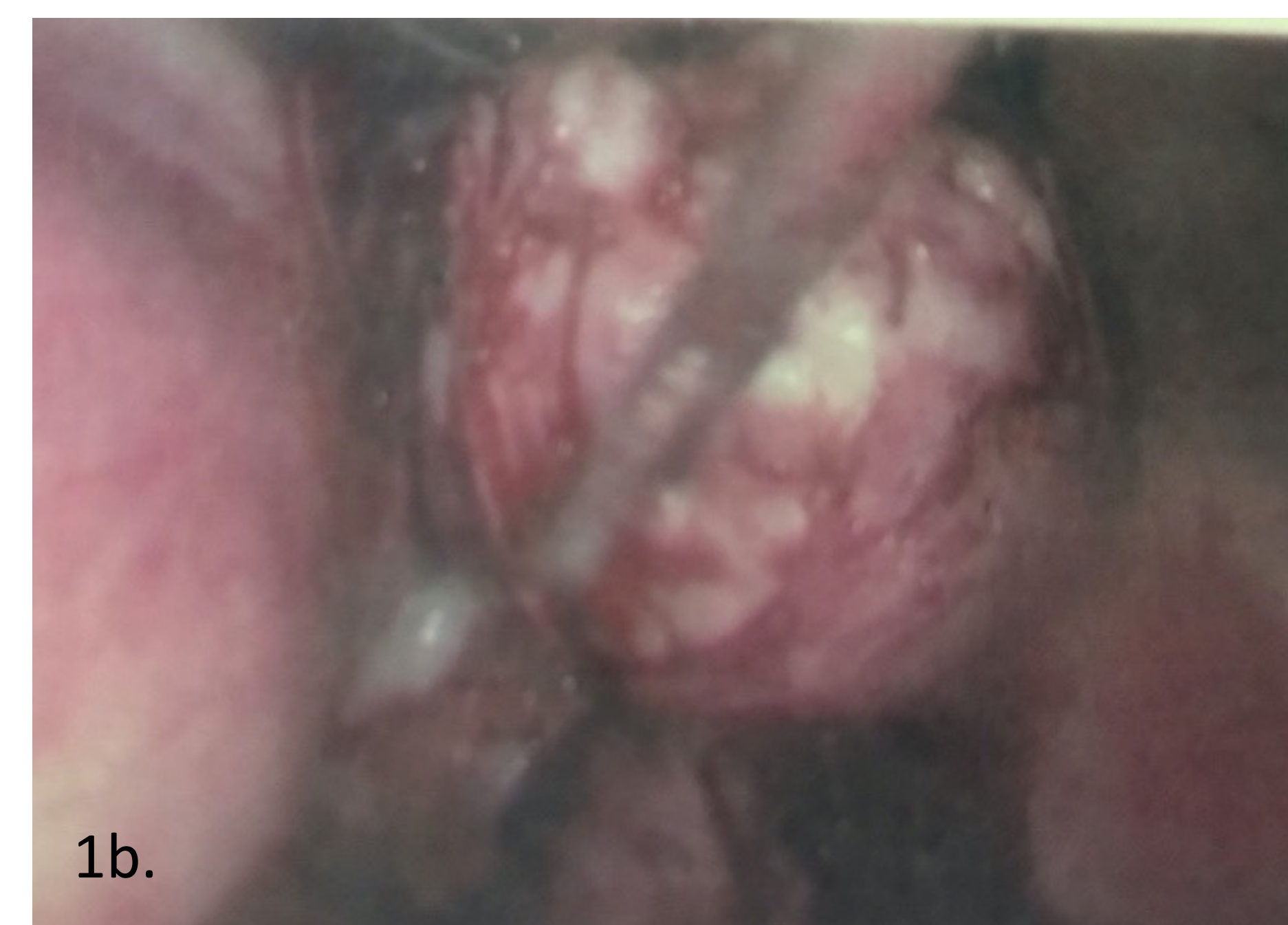
Due to increasing pain and an acute drop in haemoglobin from 110 mg/l to 66 mg/l a repeat transabdominal scan was performed (obstructed views noted with transvaginal probe).

This scan revealed a large hemoperitoneum and a possible interstitial pregnancy of 12-weeks gestation. Emergency management was instigated with fluid and blood resuscitation and transfer to theatre.

In our hospital we have an ethos of laparoscopy for all patients requiring surgery irrespective of site of pregnancy or maternal status and have a “buddy” system where experienced surgeons are made available for potential difficult cases (Odejinmi 2015).



1a.



1b.

Laparoscopic images. 1a. Fetus of approximately 12 weeks gestation seen in the abdominal cavity arising from the ruptured cornua. 1b. 6cm fibroid removed at myomectomy to facilitate access to the cornua allowing salpingectomy and cornuostomy

Key learning points

- ❖ Our case is the first case in reported literature where a laparoscopic myomectomy has facilitated cornual resection for an ectopic pregnancy in the presence of significant haemoperitoneum.
- ❖ Additional challenges exist when managing an ectopic pregnancy in the presence of uterine fibroids and there is a paucity of data on this topic.
- ❖ With appropriate expertise additional procedures are possible at laparoscopy for ectopic pregnancy
- ❖ There is increasing requirement of a two-tier buddy system for gynaecology surgeons to ensure 24-7 minimal access surgical skills are available for the management of complex patients

Operative technique

- Laparoscopic entry was via palmer’s point in view of the suspected intra-abdominal collection and confirmed a ruptured interstitial pregnancy with the fetus in the peritoneal cavity and 2l hemoperitoneum.
- The views were obstructed by 2 large fibroids, the right tube could not be identified due to a right side 6 cm subserous fibroid just above the right cornua.
- Pitressin (20IU in 60mls of saline) infiltration into the uterus was performed using a laparoscopic needle and myomectomy performed using a harmonic scalpel™(gynaecare UK) followed by a right cornuectomy and salpingectomy.
- Defects were closed using Stratifix™(gynaecare UK). A LINA morcellator was used to retrieve the fibroid from the abdominal cavity.
- The total blood loss after aspiration of the haemoperitoneum was 2.3L. The patient was transfused 5 units of packed cells but otherwise had an uneventful recovery and went on to have 2 successful term pregnancies delivered by elective caesarean section.