

A RARE CASE OF BILATERAL TUBAL ECTOPIC PREGNANCY – MANAGEMENT CHALLENGES

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Objective

Bilateral tubal ectopic pregnancy (BTP) is one of the most rarest, accounting for 1 in 200,000 pregnancies and a diagnostic challenge

Case report

- 39yr, healthy women with primary subfertility for 16yrs, She had undergone several ovulation induction and Intra-uterine insemination cycles previously.
- presented to the ETU with acute abdomen and early hypovolemic shock and resuscitated.
- She had conceived spontaneously.
- Bedside ultrasound scan revealed gross haemoperitonium.
- Careful exploration found right sided fallopian tube being ruptured and bleeding profusely with an ectopic pregnancy.
- left tube also contained an unruptured ectopic pregnancy. Right ovary showed two corpus luteum.
- Ruptured tube was beyond survival, thus performed salpingectomy. Unruptured tube was repaired after extracting the embryo (salpingotomy) to preserve fertility.
- Histological studies showed the presence of chorionic villi in both sides and confirmed BTP.
- Follow up HSG at 3 months showed patent left tube.

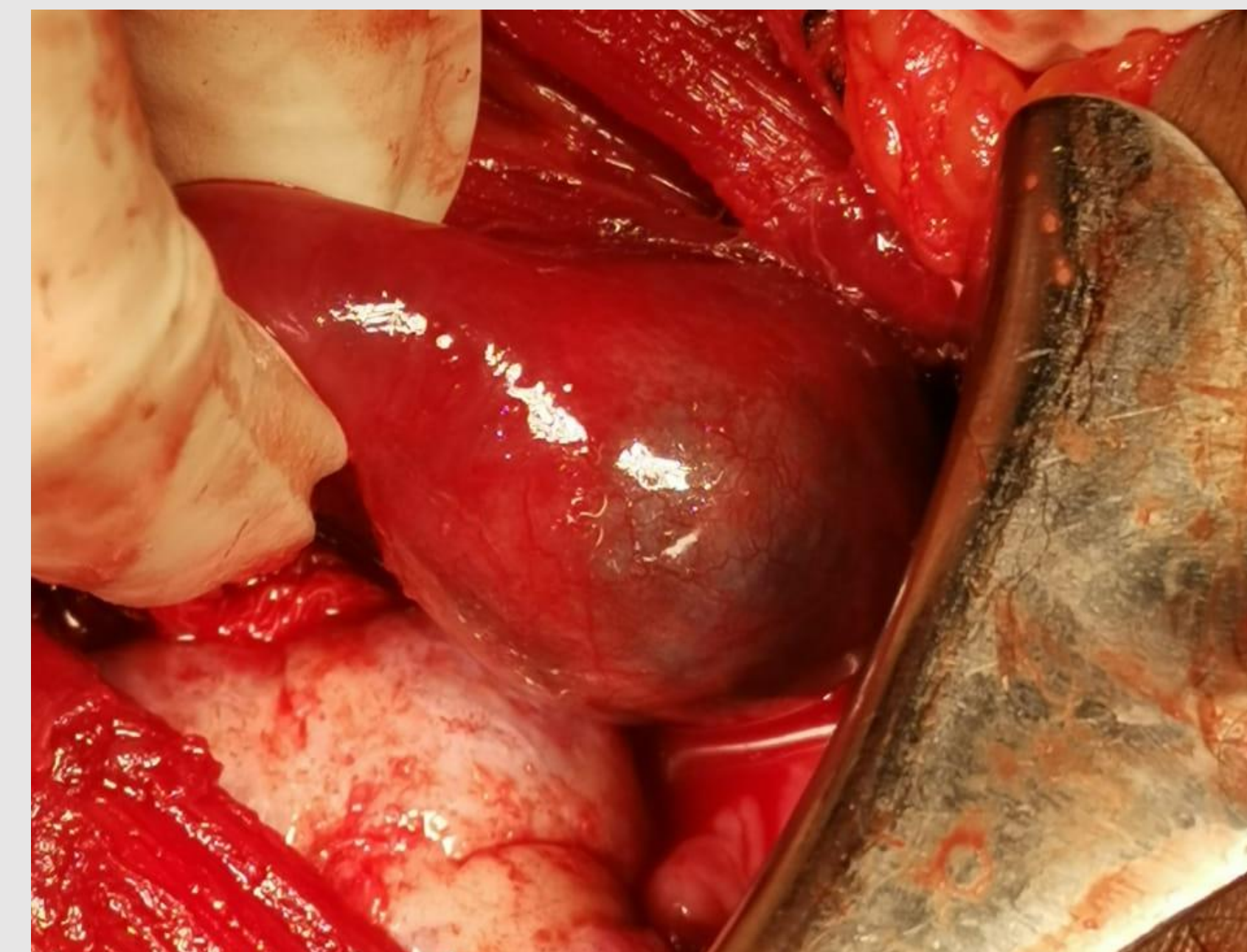


Figure 1 – unruptured ectopic pregnancy in left tube

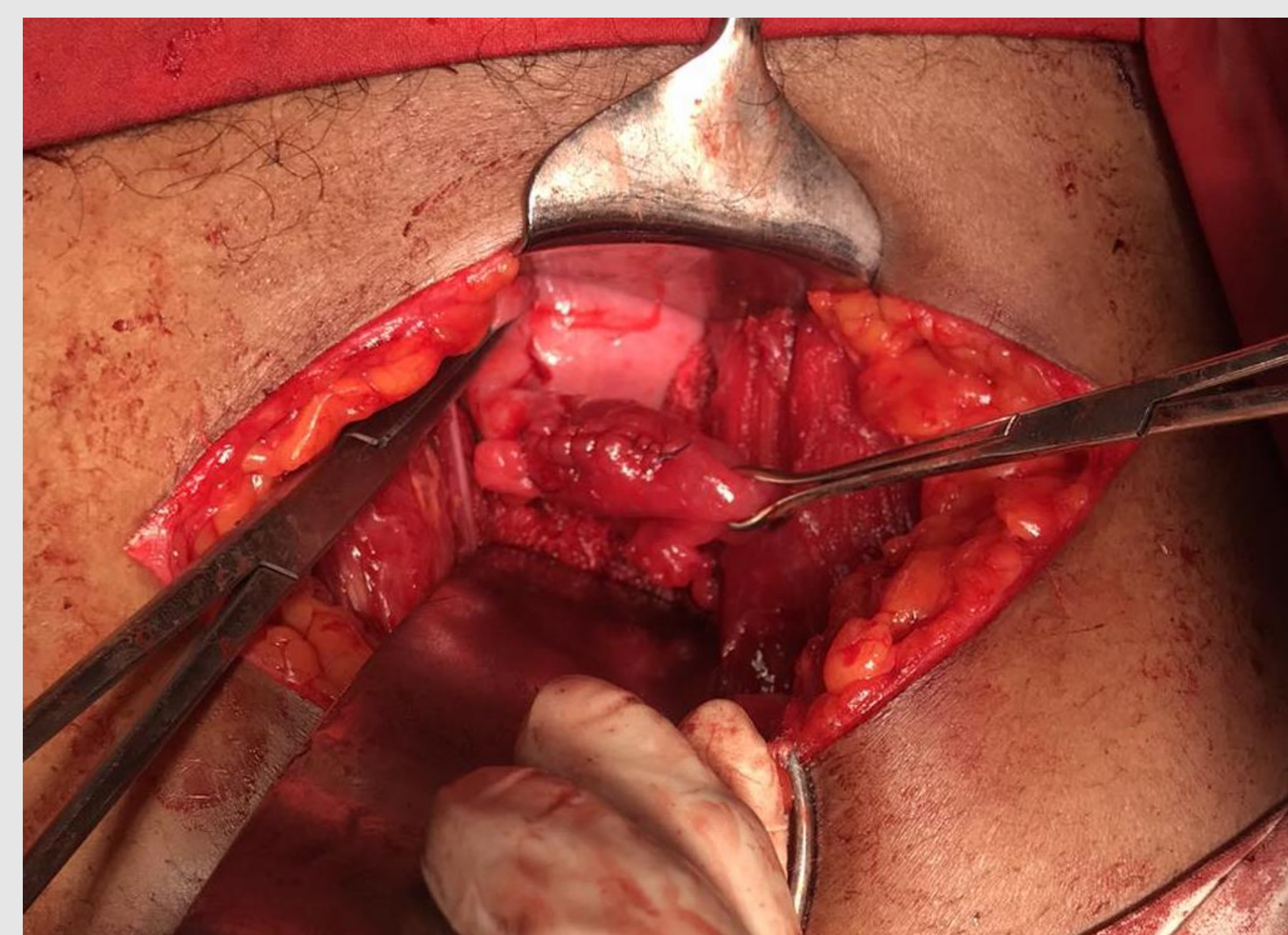


Figure 2 – repaired left tube following embryo extraction

Discussion

- In the case patient identifiable risk factor was the history of previous ovulation induction though this time they conceived spontaneously.
- Ultrasonography has limitations during acute presentations.
- The management should be individualized based on the condition of the patient, tubal damage and further wishes for fertility.
- In the presence of a ruptured tube, salpingectomy brings better future pregnancy outcomes rather than salpingotomy.
- But when the tube is unruptured, embryo extraction and salpingotomy improves the possibility of future intra-uterine pregnancy, than bilateral salpingotomy.
- If her BTP were unruptured, bilateral salpingotomy will improve the chance of future pregnancy than unilateral salpingectomy & salpingotomy of other tube.
- This also highlights the importance of careful examination of the anatomical structures before performing salpingectomy, even in a case of emergency surgery as we might miss a ruptured ectopic on the other side making the women infertile.

Conclusion

BTP management should be tailor made according to the situation and fertility wishes.