

Case report: Spontaneous tubal stump pregnancy after laparoscopic unilateral salpingectomy

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Objective

- Tubal stump pregnancy is typically not the first differential diagnosis a gynaecologist considers when facing a pregnancy of unknown location
- A delay in diagnosis can lead to catastrophic consequences for the patient from rupture causing haemodynamic shock

Case report

- 33-year-old patient with a previous laparoscopic right salpingectomy performed for tubal pregnancy 3 years ago in China
- She was asymptomatic on presentation, requesting a termination of unwanted pregnancy
- Ultrasound findings were suggestive of a right cornual pregnancy with a left hydrosalpinx and left corpus luteal cyst
- Serum human chorionic gonadotrophin (HCG) was 28677mIU/ml
- Diagnostic laparoscopy:
 - A 1cm long rupture site at the right fallopian tube stump
 - Surrounded by products of gestation and blood clots adhered to the mesosalpinx
 - Pouch of Douglas partially obliterated by a collection of chocolate-like material
 - The tubal stump was resected with bipolar diathermy and scissors; histology confirmed the presence of chorionic villi
- HCG repeated two days later dropped to 5546mIU/ml
- Patient defaulted subsequent follow-up appointments

Discussion

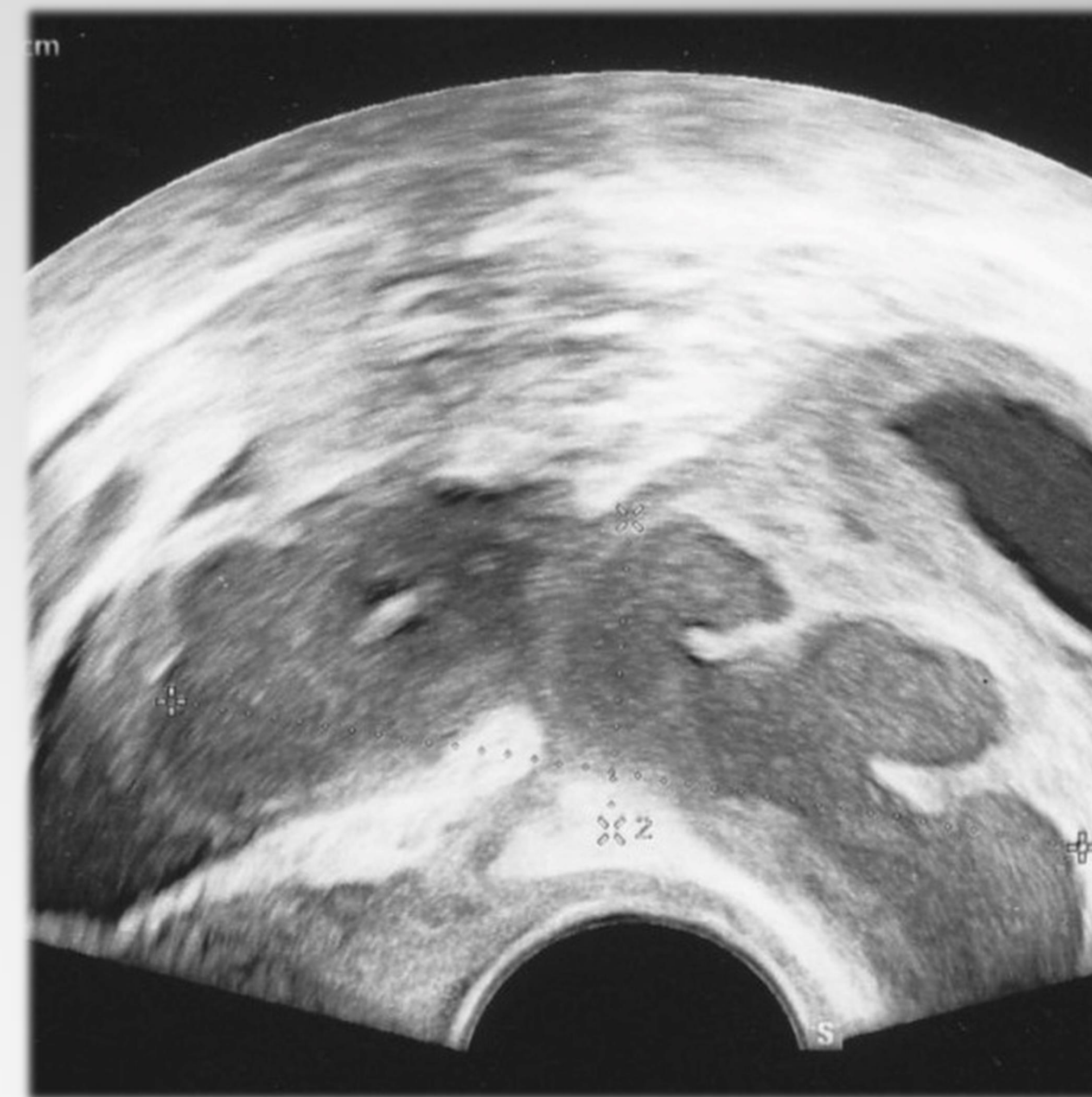
- A literature review of “tubal stump pregnancy” showed that the majority of cases involved both pelvic ultrasound and serum HCG to aid diagnosis
- Ultrasound findings were non-specific for tubal stump pregnancy
- A cornual pregnancy may be considered a likelier diagnosis if a salpingectomy was previously performed on the ipsilateral side
- Prior knowledge of salpingectomy could lead to a sonographer overlooking an adnexal mass altogether due to the unlikely chance of an ectopic pregnancy occurring on the same side

Conclusions

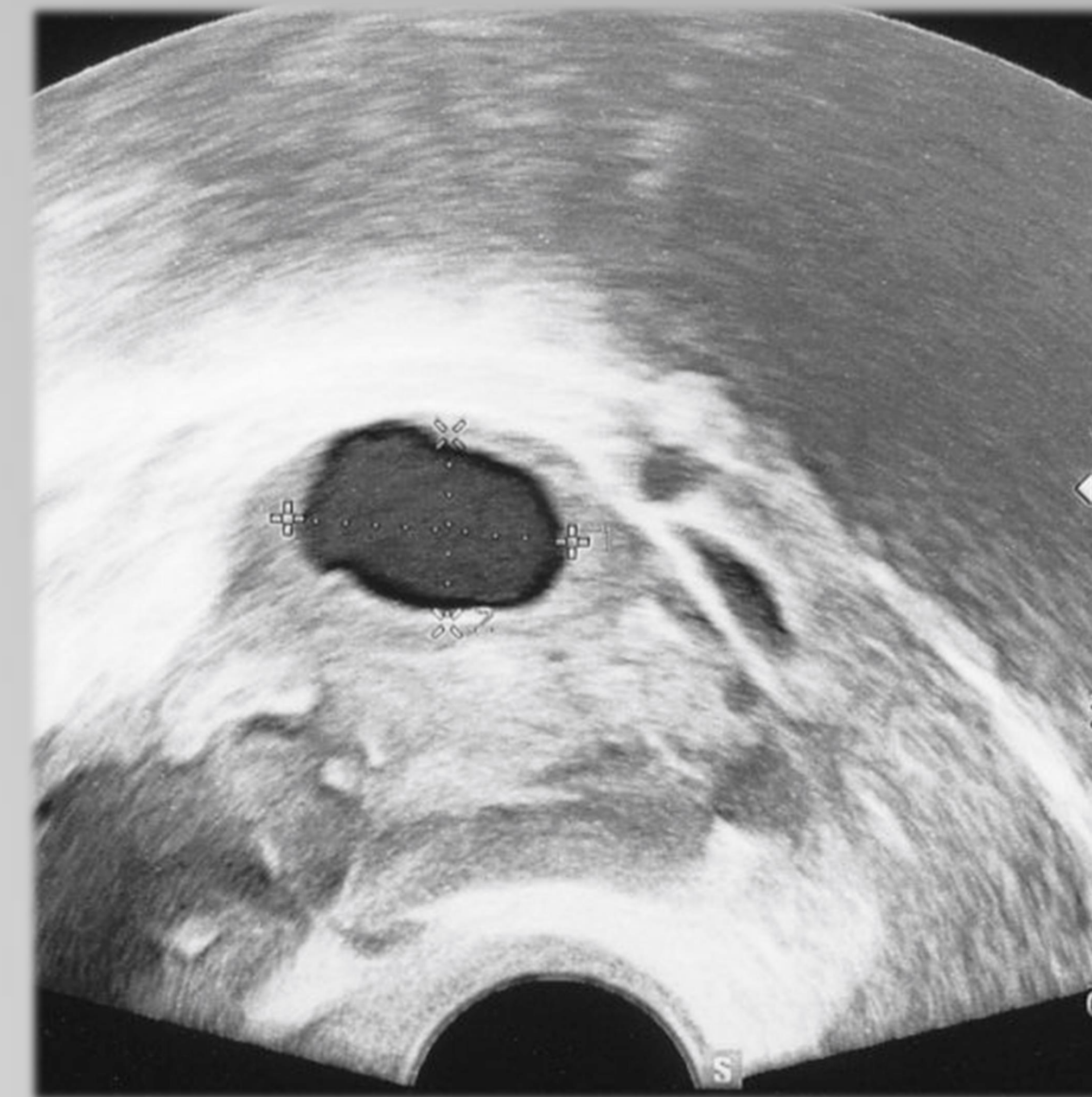
- A previous history of unilateral salpingectomy should not exclude the possibility of an ipsilateral tubal stump pregnancy
- Careful ultrasound will prevent delay in diagnosis and early management of tubal stump pregnancy



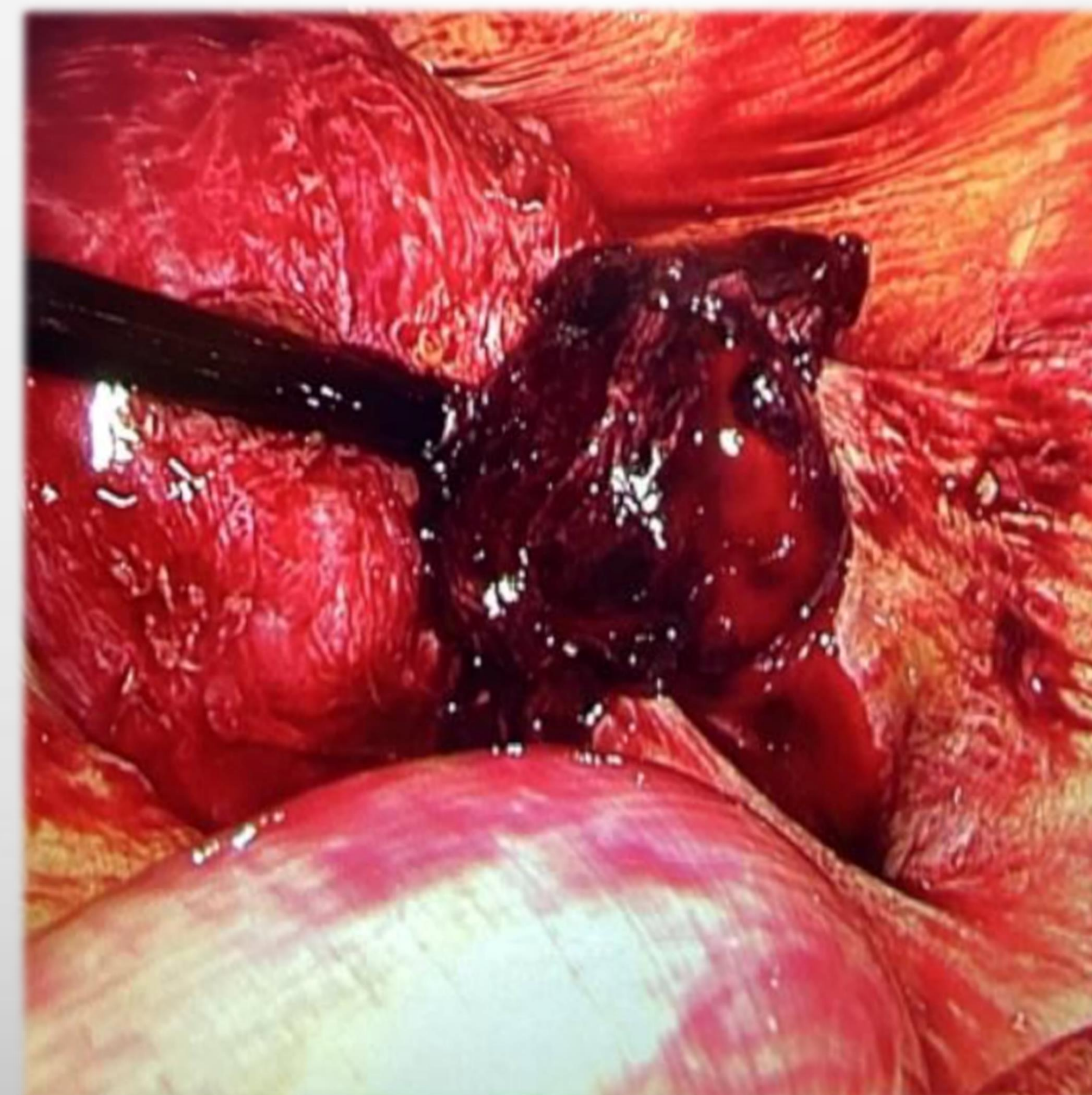
A 2.7cm cystic mass at right upper edge of the uterus with a normal right ovary below



A 5.4cm tubular cystic structure in the POD resembling hydrosalpinx of the left fallopian tube



A 2cm corpus luteal cyst at the left ovary



Ruptured right tubal stump pregnancy



After resection of the tubal stump



Normal left tube and ovary, with a pool of chocolate-like material in the POD