

Heterotopic Pregnancy

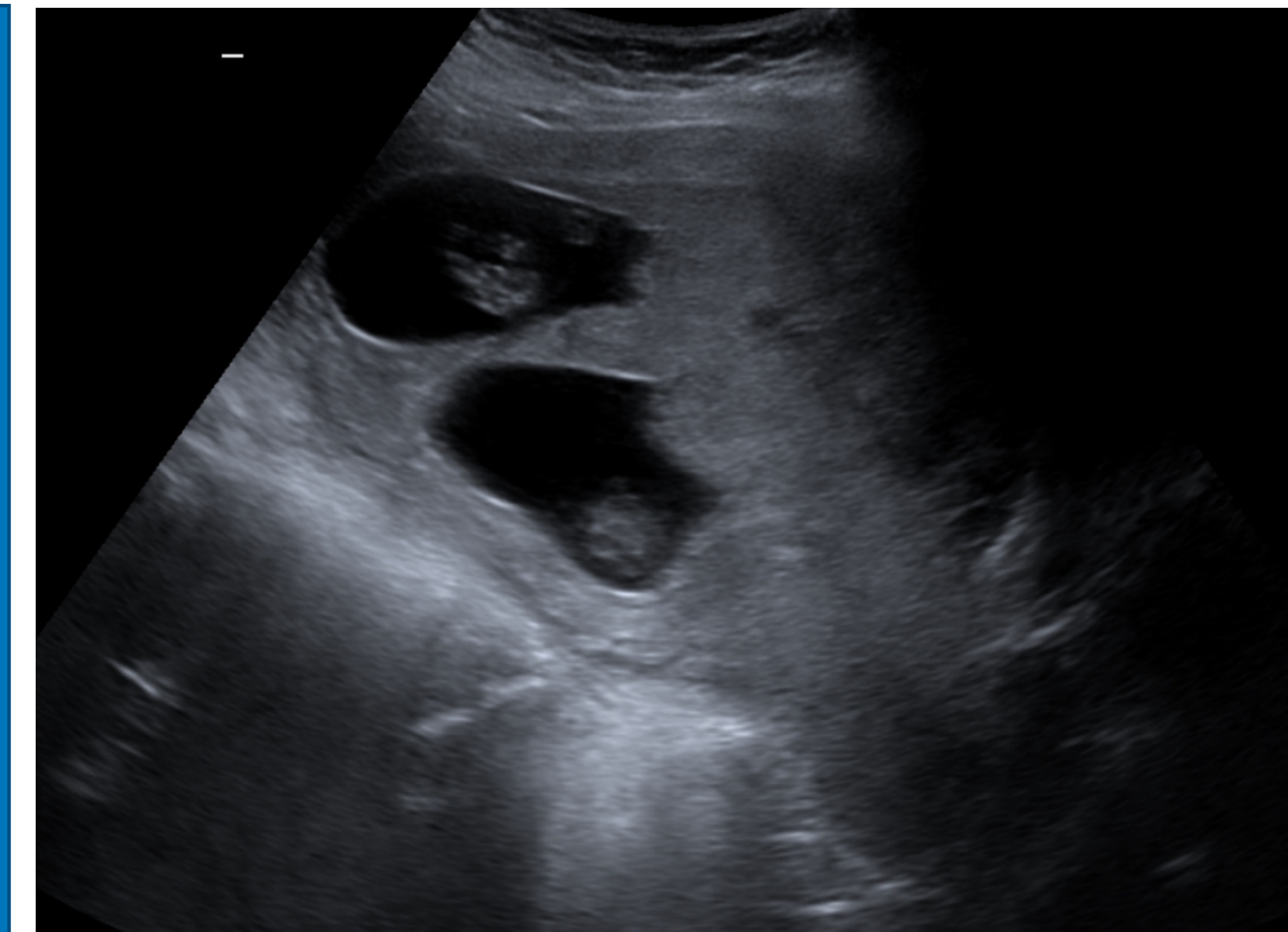
in perimenopausal patient who underwent IVF abroad

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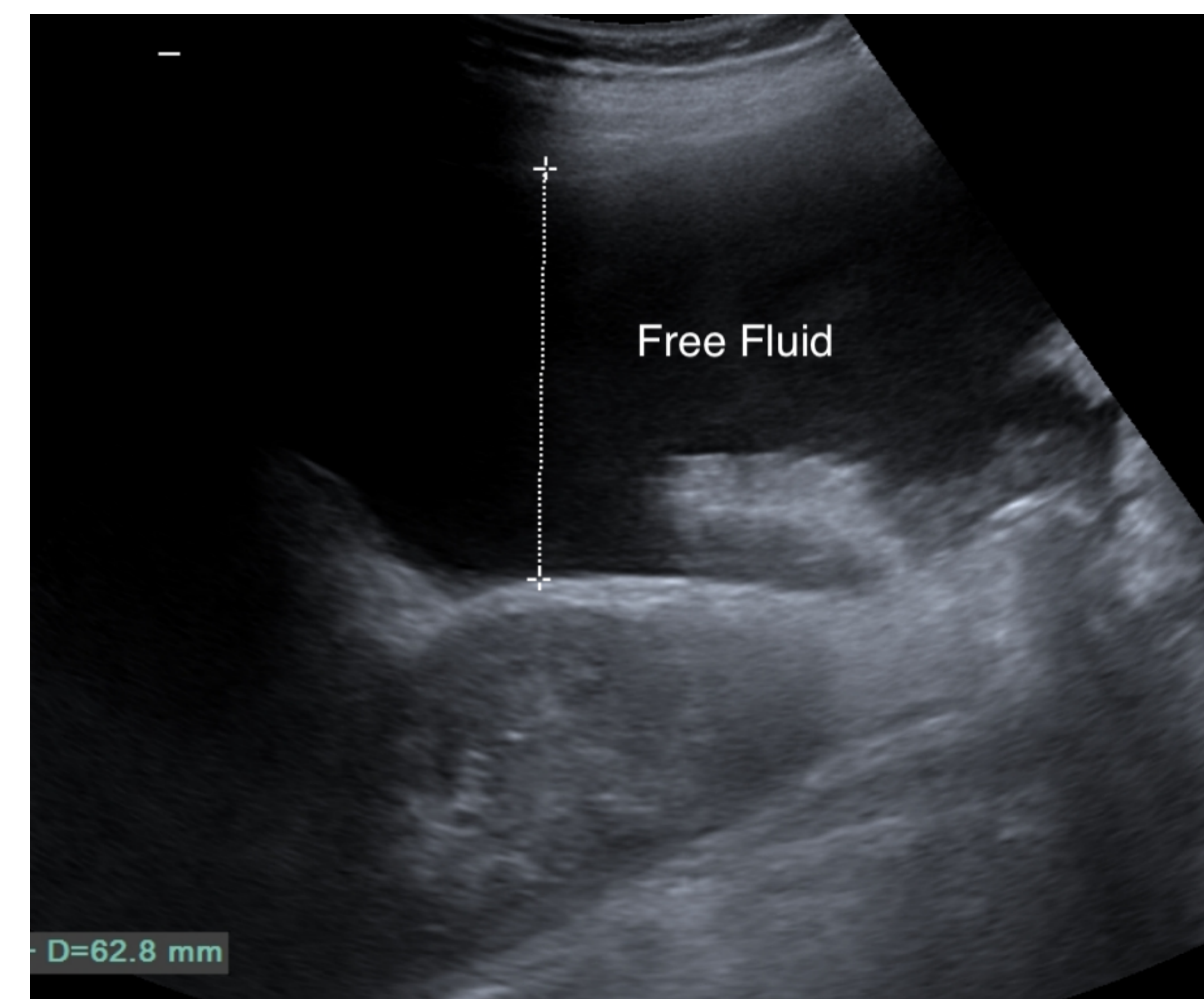
Heterotopic pregnancy is the coexistence of at least 2 pregnancies in different implantation sites, incidence 1/30,000 of spontaneous pregnancies. IVF is a recognised risk factor. It has the potential to be life threatening as can often be missed¹, as the diagnosis of an intrauterine pregnancy mistakenly excludes the hypothesis of an ectopic.

This is a case report of a heterotopic pregnancy following IVF treatment abroad. It aims to raise awareness and highlight the factors that contributed to a delay in diagnosis and subsequently management of this condition. Heterotopic pregnancy wasn't considered in the differentials for several days during an acute admission.

Case report: A Gravida 6, Para 5, 50-year-old female, who underwent IVF abroad, presented several times to the EPAU with lower abdominal pain over two weeks. Pelvic USS showed a viable intrauterine twin pregnancy with clear adnexae. She was subsequently managed for constipation and a urinary tract infection.



She re-attended with severe abdominal pain, falling haemoglobin and raised lactate. CT abdomen and pelvis was undertaken for a peritonitic abdomen, showing free fluid in the pelvis and upper abdomen. Over the next 24 hours, a blood transfusion was given and advice from haematology, surgical and radiology was sought.



There was a range of diagnoses including visceral perforation during egg collection and bleeding in to the uterus. However it took 72 hours for heterotopic to be considered. A repeat ultrasound showed significant free fluid and a ruptured right tubal ectopic was found at laparoscopy with a 2.5L haemoperitoneum. She recovered well and is about to deliver 36/40 twins.

Discussion

- The failure to consider a diagnosis of heterotopic pregnancy could have led to significant morbidity or mortality for this patient.
- IVF is a recognised risk factor for heterotopic pregnancy
- IVF was performed outside of the UK - getting a clear and accurate history regarding the treatment received is vital.
- It is important to share the whole clinical picture when requesting imaging.
- Consideration of MRI scan could have been helpful for diagnosis
- This patient should have been taken to theatre sooner, she had a rapidly falling haemoglobin, rising lactate with a peritonitic abdomen with free fluid.

Literature: Li XH, Ouyang Y, Lu GX (2013) Value of transvaginal sonography in diagnosing heterotopic pregnancy after in-vitro fertilization with embryo transfer. *Ultrasound Obstet Gynecol* 41:563–56911

Soares C, Mações A, Novais Veiga M, et al Early diagnosis of spontaneous heterotopic pregnancy successfully treated with laparoscopic surgery *BMJ Case Reports CP* 2020;13:e239423.

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