



LAPAROSCOPIC SALPINGOSTOMY IN ECTOPIC PREGNANCY

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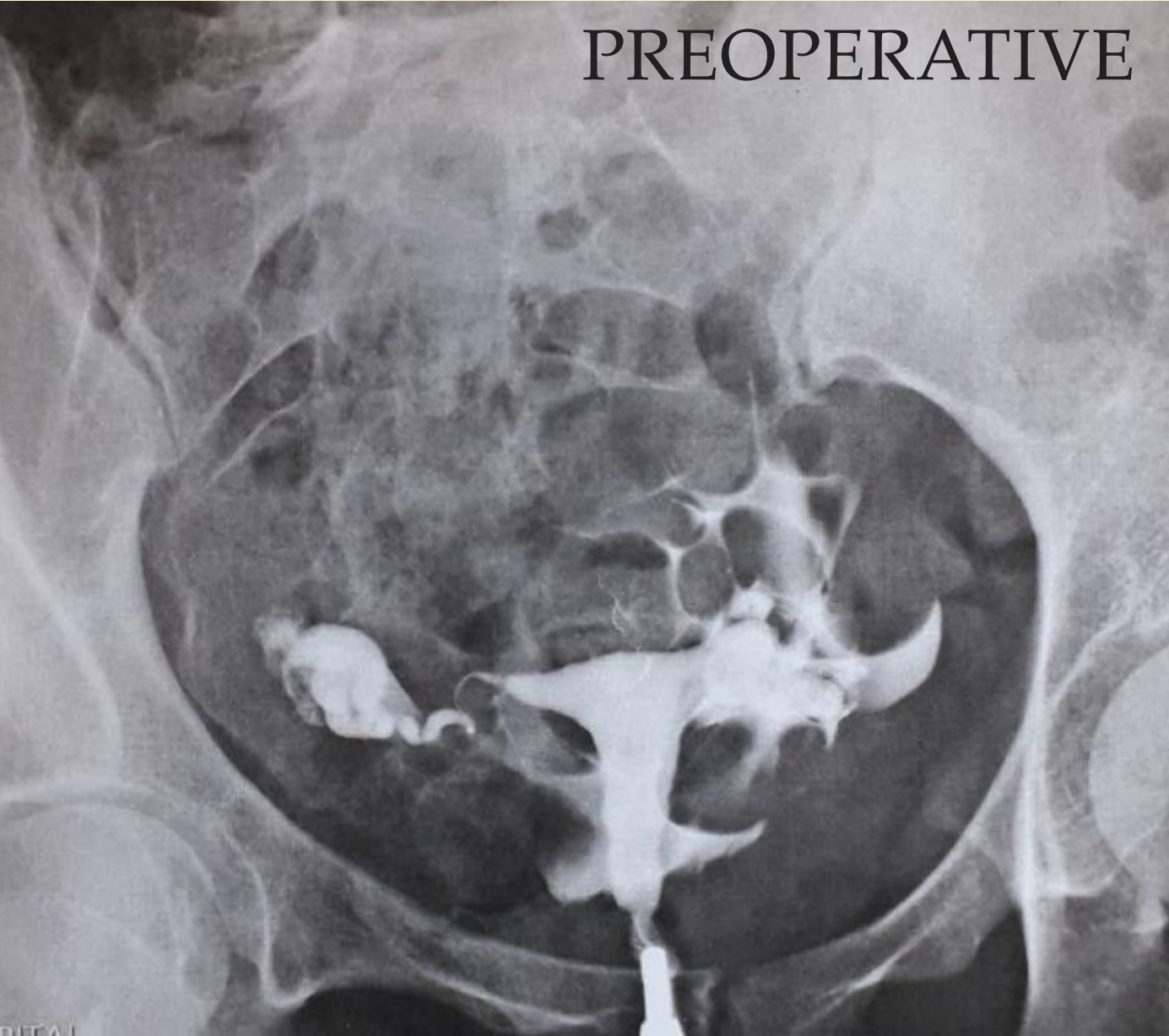
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CONGRESS 2023
12-14 JUNE 2023 • LONDON

Objective

It is common practice to treat ectopic pregnancies with salpingectomy when the contralateral tube remains intact. Salpingostomy has a high risk of repeat ectopic pregnancy (REP), but in selected cases it may be a useful alternative, as demonstrated in the present case.

Case Report

A 28 years old nulliparous patient with history of two miscarriages and right hydrosalpinx awaiting right salpingectomy, presented with asymptomatic ectopic pregnancy in the left fallopian tube. After due consultation, she underwent laparoscopic removal of the right



PREOPERATIVE

hydrosalpinx and left salpingoplasty for removing the ectopic pregnancy. The incision on the tube was performed parallel to its axis, the ectopic was miked out, and the tubal wall was closed with three vicryl sutures. After recovering, she had a hysterosalpingography that showed patent fallopian tube and soon after that she had a miscarriage after spontaneous conception. Eventually, she had another spontaneous conception that led to a live birth at term.

Discussion

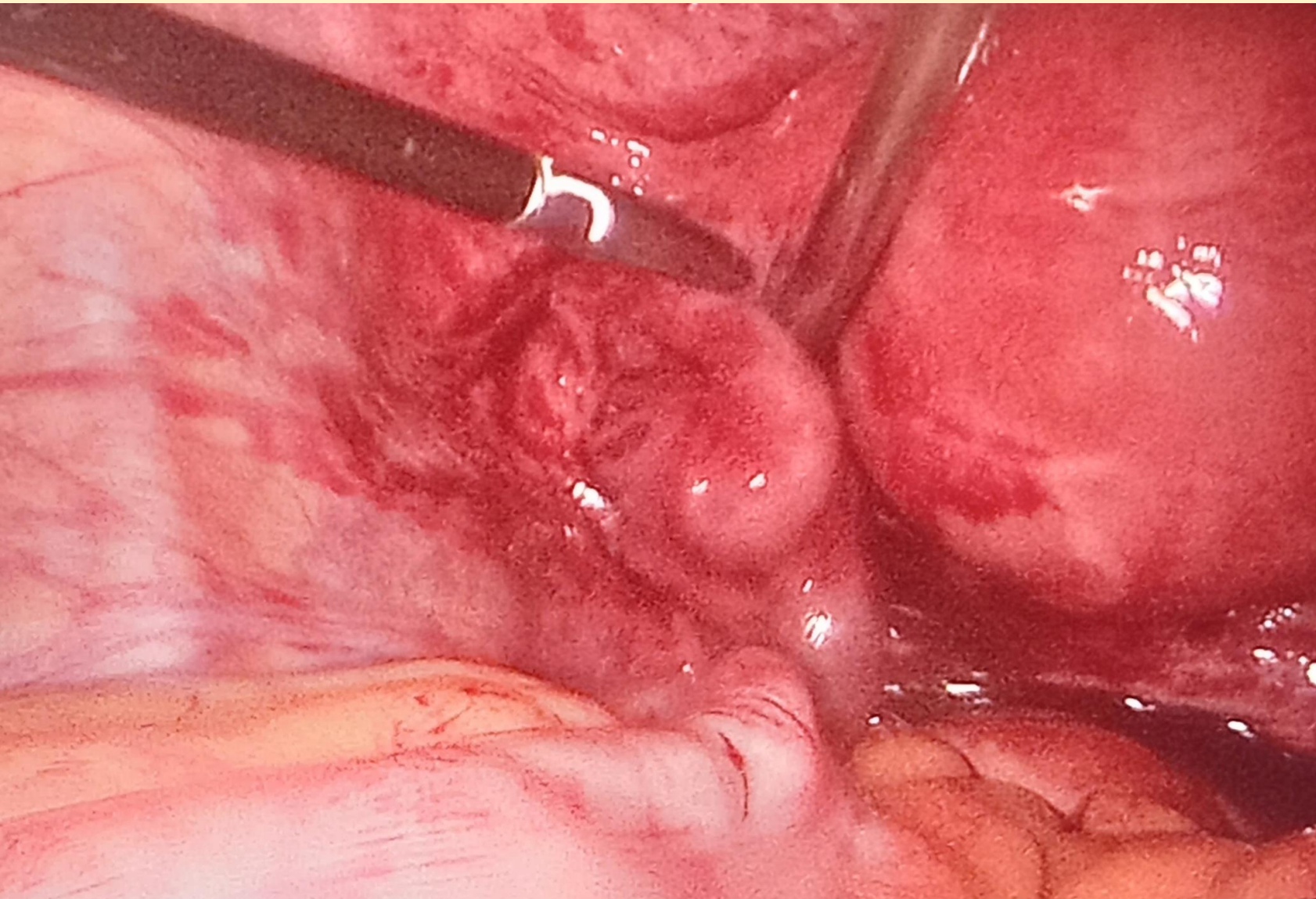
When the contralateral fallopian tube is normal, preserving the fallopian tube that contains the ectopic does not seem to improve fertility rates (RR = 1.24) but increases the possibility of remnant trophoblastic tissue (RR = 11.61) and repeat ectopic pregnancy (RR = 2.27). In the event of an obstructed or removed contralateral tube, salpingostomy represents the sole opportunity for the woman to have a spontaneous conception. Salpingectomy and subsequent in vitro fertilization is a valid alternative, with the

obvious pros and cons. Although literature is limited, fertility rates after salpingostomy in a solitary fallopian tube may reach 62.5%.

Conclusion

Conservative surgical treatment of ectopic pregnancy with salpingoplasty is a safe and effective option, especially when the contralateral tube is abnormal.

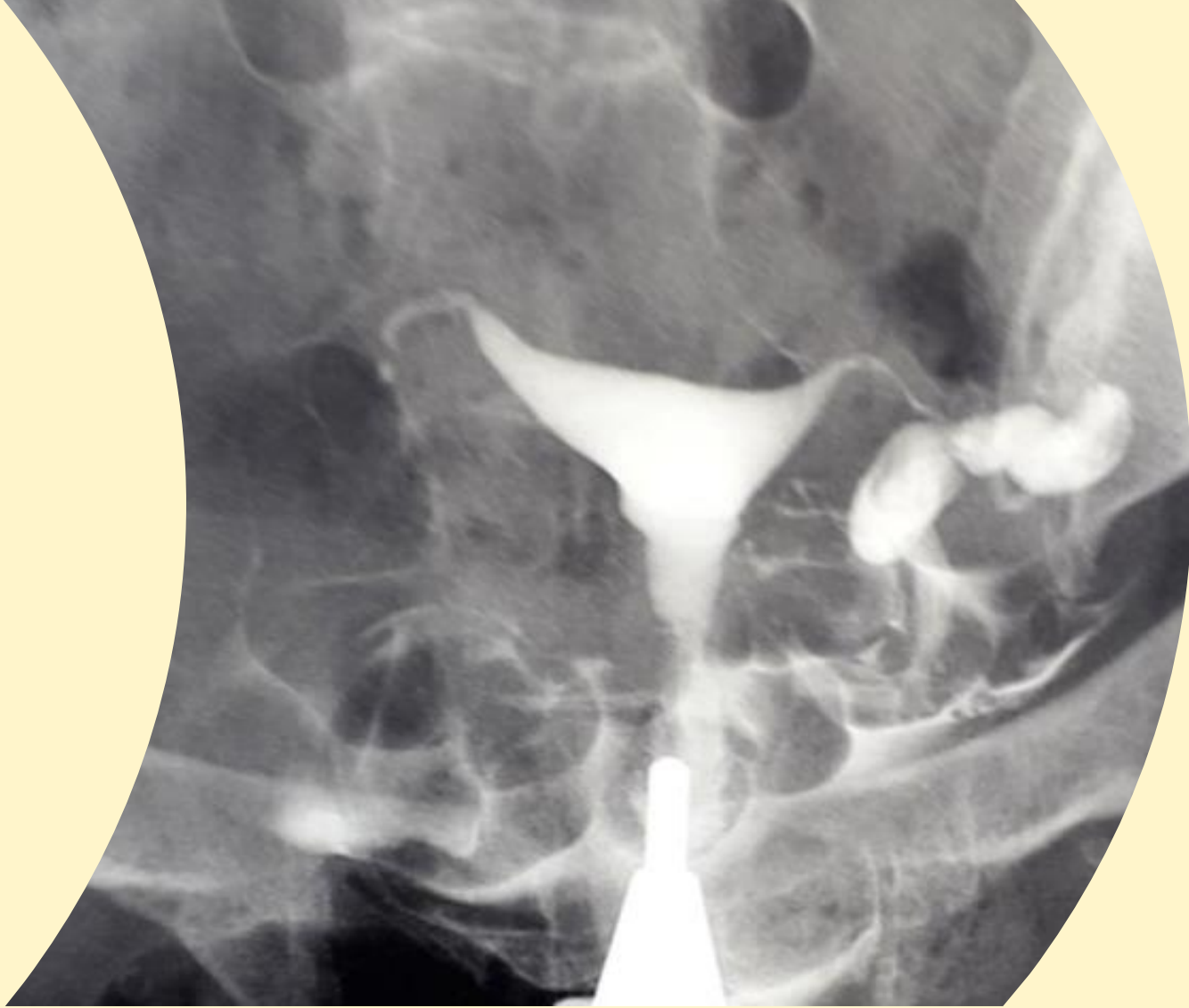
(L) ECTOPIC



(R) HYDROSALPINX



POSTOPERATIVE



SALPINGOSTOMY

