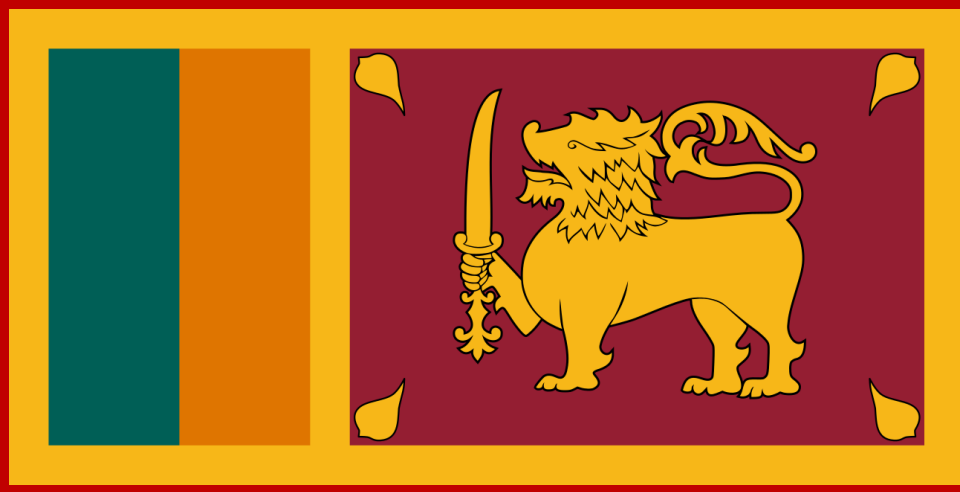




When to “**THINK ECTOPIC**”– A case report on heterotopic pregnancy in a patient with spontaneous conception with no risk factors

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INTRODUCTION

- Heterotopic pregnancy (HP) is a rare and potentially fatal condition where simultaneous gestations occur at multiple implantation sites.
- It rarely occurs in spontaneous conception (1:30,000) but becoming commoner with ART 1:100 -1:500.
- Identification of an IUP can divert attention from the possibility of a concurrent ectopic pregnancy (EP).
- Known risk factors for HP are, Assisted reproductive techniques (ART), use of contraception, PID, prior abdominal surgeries, endometriosis, STDs.
- Majority of these cases go undiagnosed until there is rupture of the ectopic pregnancy that accompanies the intrauterine pregnancy. A delayed diagnosis can result in complications.

CASE PRESENTATION

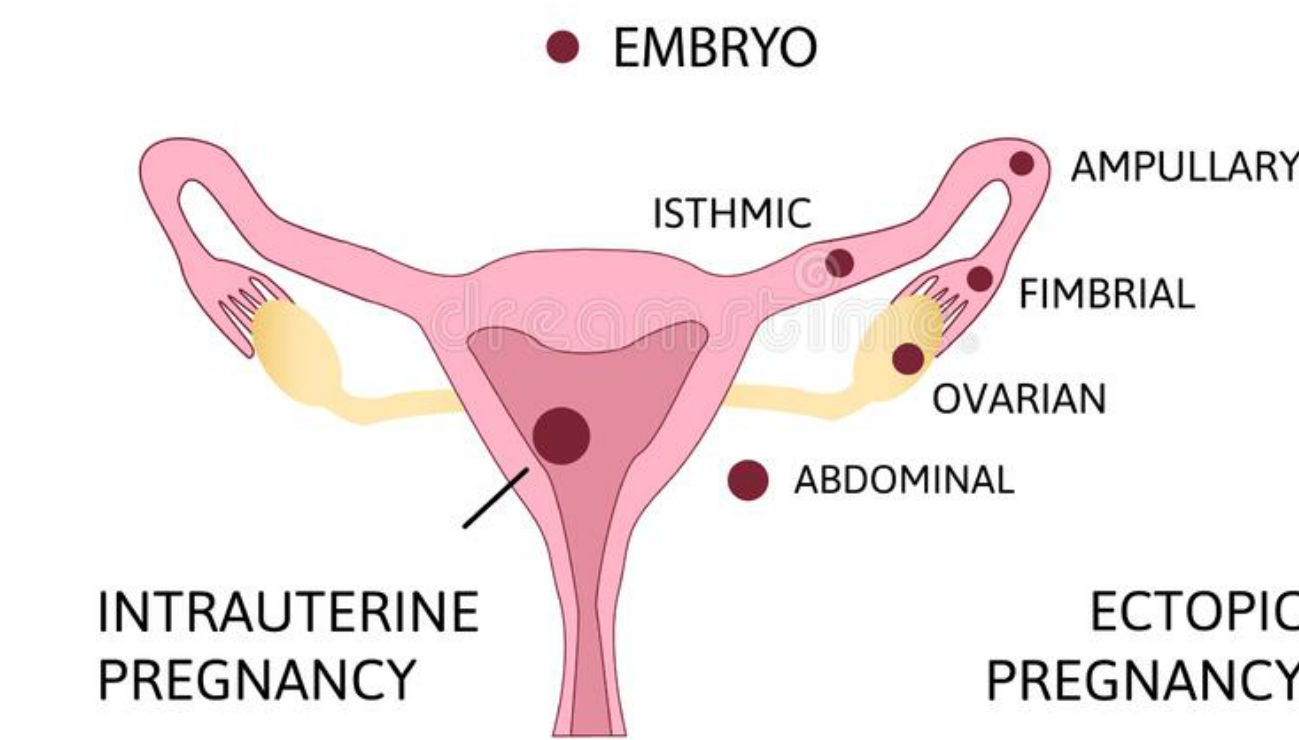
- Primigravida with no risk factors for EP presented at 5+2 weeks following spontaneous conception.
- Patient had abdominal pain without peritonism, while maintaining hemodynamic stability.
- Serum beta HCG was 1326mIU/ml on admission and was raised only by 88% within 48 hours.
- Trans-vaginal-scan (TVS) revealed an intra-uterine gestational sac, increased vascularity of the right sided adnexa and free fluid in POD, thus raising the suspicion of a HP.

- A diagnostic laparoscopy was carried out to confirm the diagnosis - A right-side ruptured tubal ectopic was identified and a salpingectomy was performed. Post-operative and repeated TVS in two weeks revealed a growing IUP.

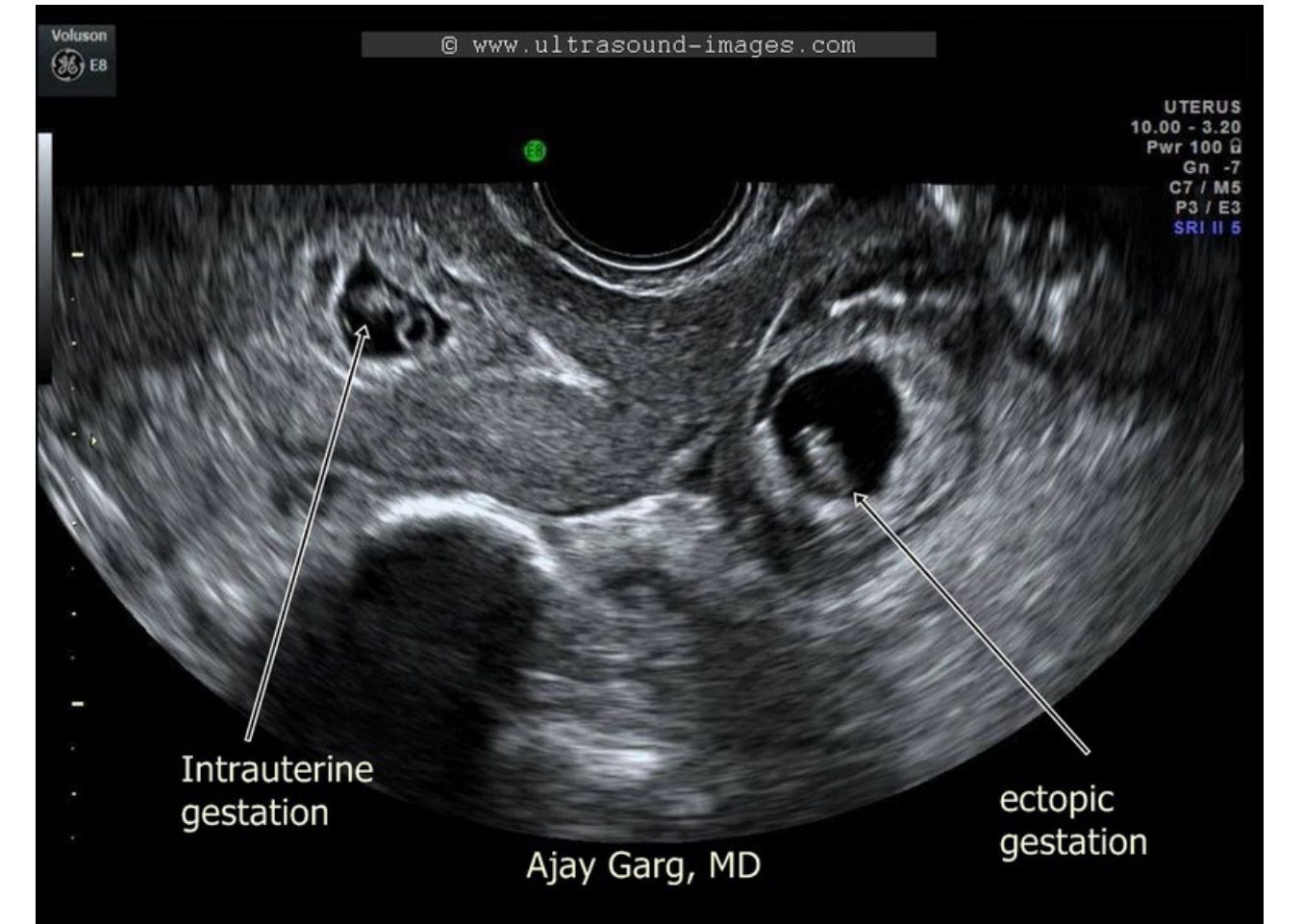
DISCUSSION

- Early diagnosis of HP is difficult as clinical symptoms are lacking and careful sonographic examination is required. In the presence of a re-assuring IUP, HP is easily misdiagnosed as a luteal cyst.
- The method of making a definitive diagnosis with time has shifted from a surgical approach to ultrasonography.
- The suspicion of a tubal pregnancy was raised in our patient purely based on meticulous sonographic (TVS) examination.
- Serum beta-hCG can be misleading in HP as in our case.
- The difficulty of an accurate clinical and sonographic diagnosis in asymptomatic patients can justify laparoscopy as a diagnostic & therapeutic tool.
- After diagnosis, the ectopic component is usually treated surgically, whereas the intrauterine component is expected to develop normally.
- A recent review demonstrated no difference in rates of IUPs after conservative (salpingostomy) or radical (salpingectomy) surgery for tubal EP in fertile patients.

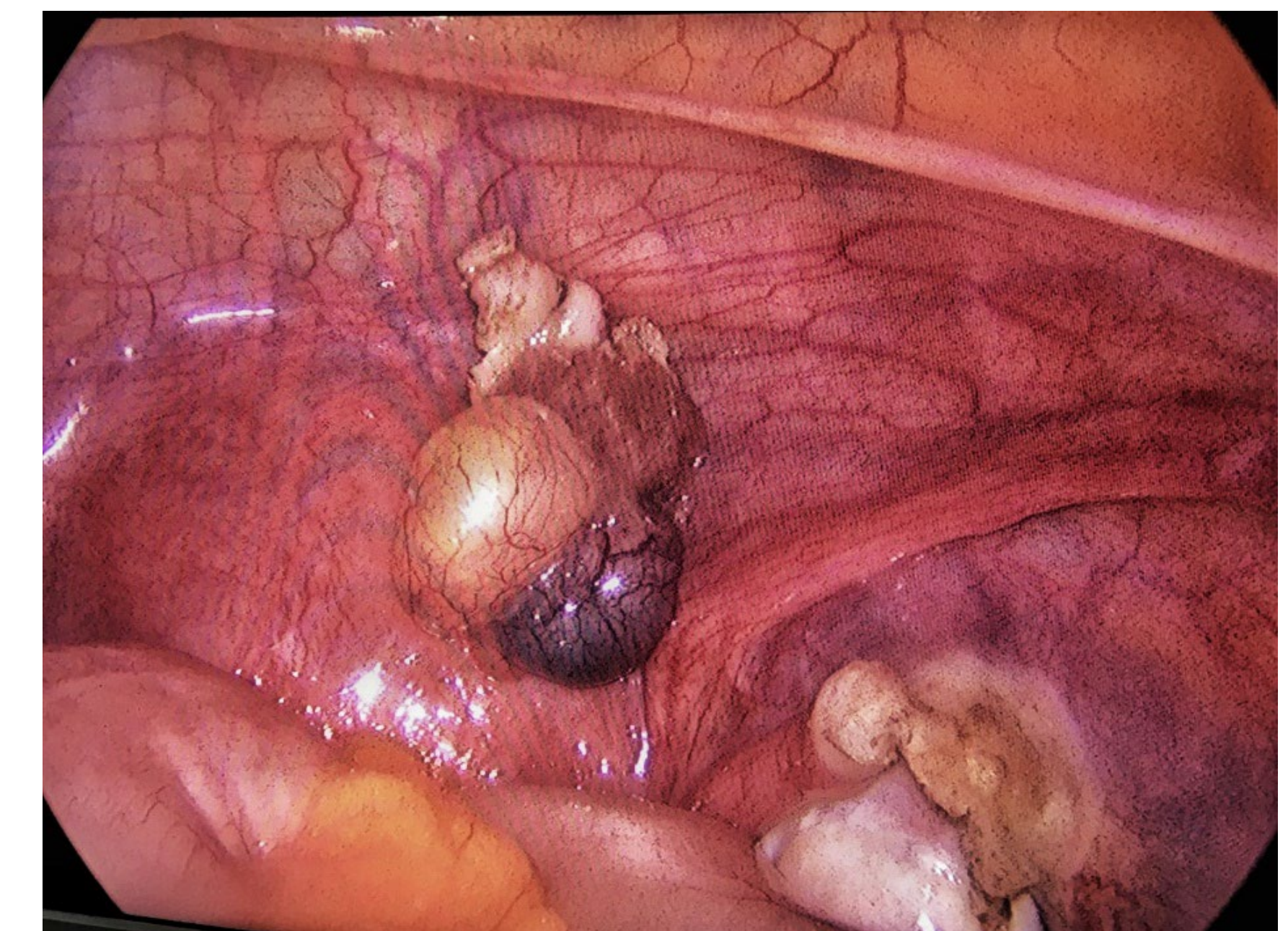
HETEROTOPIC PREGNANCY



Adapted from - <https://www.dreamstime.com/heterotopic-pregnancy>



Adapted from - <https://coreem.net/core/ectopic-pregnancy/>



Resected tubal ectopic seen during laparoscopic salpingectomy

CONCLUSION

The rare entity of HP in a woman with no risk factors illustrates the importance of the dictum “**THINK ECTOPIC**” even when an IUP is present.

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