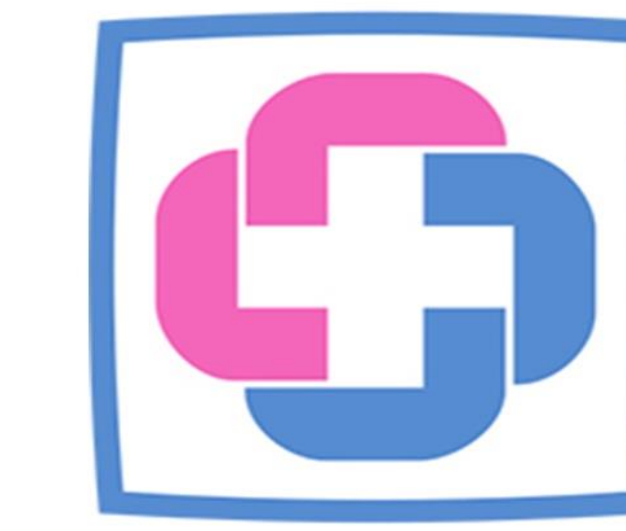


Ectopic Pregnancy: The Hidden Threat in Pregnancy of Unknown Location

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OBJECTIVE

To highlight the need for a high index of suspicion for ectopic pregnancies (EP) in pregnancies of unknown locations (PUL) and to remain vigilant for the risk of EP rupture in medical management.

CASE REPORT

A 23 year-old primiparous lady presented to the early pregnancy unit (EPU) with per-vaginal spotting following 6 weeks and 2 days of amenorrhoea. A pregnancy was not demonstrated on transvaginal ultrasound (TVUS) and serum beta-human chorionic gonadotrophin (β -hCG) was 746.4IU/L. A repeat β -hCG after 48 hours was 1543.6IU/L, showing a 106% rise; she was now asymptomatic. Another TVUS was offered which showed an empty uterus and a 1.2cm echogenic structure with a cystic space adjacent to the right ovary with no free fluid, suggestive of an unruptured right tubal EP. The patient opted for systemic methotrexate, administered in a single dose at 50mg/m. β -hCG levels were repeated on days 4 and 7 which were 3320.1IU/L and 2818.7IU/L respectively, demonstrating a 15.1% decrease. She remained asymptomatic at both reviews. However, on day 10, she presented with sudden onset severe abdominal pain. TVUS showed heterogenous free fluid adjacent to the known EP with significant probe tenderness. An emergency laparoscopy confirmed a 5cm ruptured tubal EP and she underwent a right salpingectomy and made an uneventful postoperative recovery.



DISCUSSION

This case report highlights the importance of offering an early TVUS to women with PUL and β -hCG >1500 IU/L to aid in early diagnosis and thus treatment of EP. Clinicians are also cautioned against false reassurance from an optimal β -hCG rise and to remain cognizant of the risk of EP until an intrauterine pregnancy is visualized on ultrasound. It is estimated that 15-20% of EP demonstrate β -hCG rises similar to a progressive intrauterine pregnancy. Additionally, it stresses the need for vigilance amongst clinicians for an EP rupture despite appropriately decreasing β -hCG levels post-methotrexate. Patients should be counselled adequately and given return advice for such contingencies.