

Bilateral Tubal Ectopic Pregnancy (BTP): A Rare Case of Spontaneous Conception and Surgical Management

Case Presentation

- 27 year-old female, G3P2 (Gravida 3, Para 2).
- **Symptoms:**
 - Spotting per vagina and lower abdominal pain for two days.
- **History:**
 - Last menstrual period six weeks before.
 - Two previous Caesarean sections.
 - No history of assisted reproduction treatment (ART) or sexually transmitted infections (STI).
 - Quit smoking upon pregnancy.
 - Urine pregnancy test positive.
- **Initial Examination:**
 - Normal observations.
 - Tenderness present over lower abdomen.
- **Investigations:**
 - Serum β -hCG (Beta human chorionic gonadotropin) was 8532 IU/mL.
 - Rest within normal limits.
- **Referral:**
 - Sent to early pregnancy assessment unit (EPAU) for ultrasound and further management.
- **Follow-Up:**
 - Pain reduced.
 - Normal observations, mild tenderness persisted.
 - Transvaginal ultrasound showed left ectopic pregnancy (24 x 22 mm) and possible failing heterotopic pregnancy.
 - Serum β -hCG of 9178 IU/L.

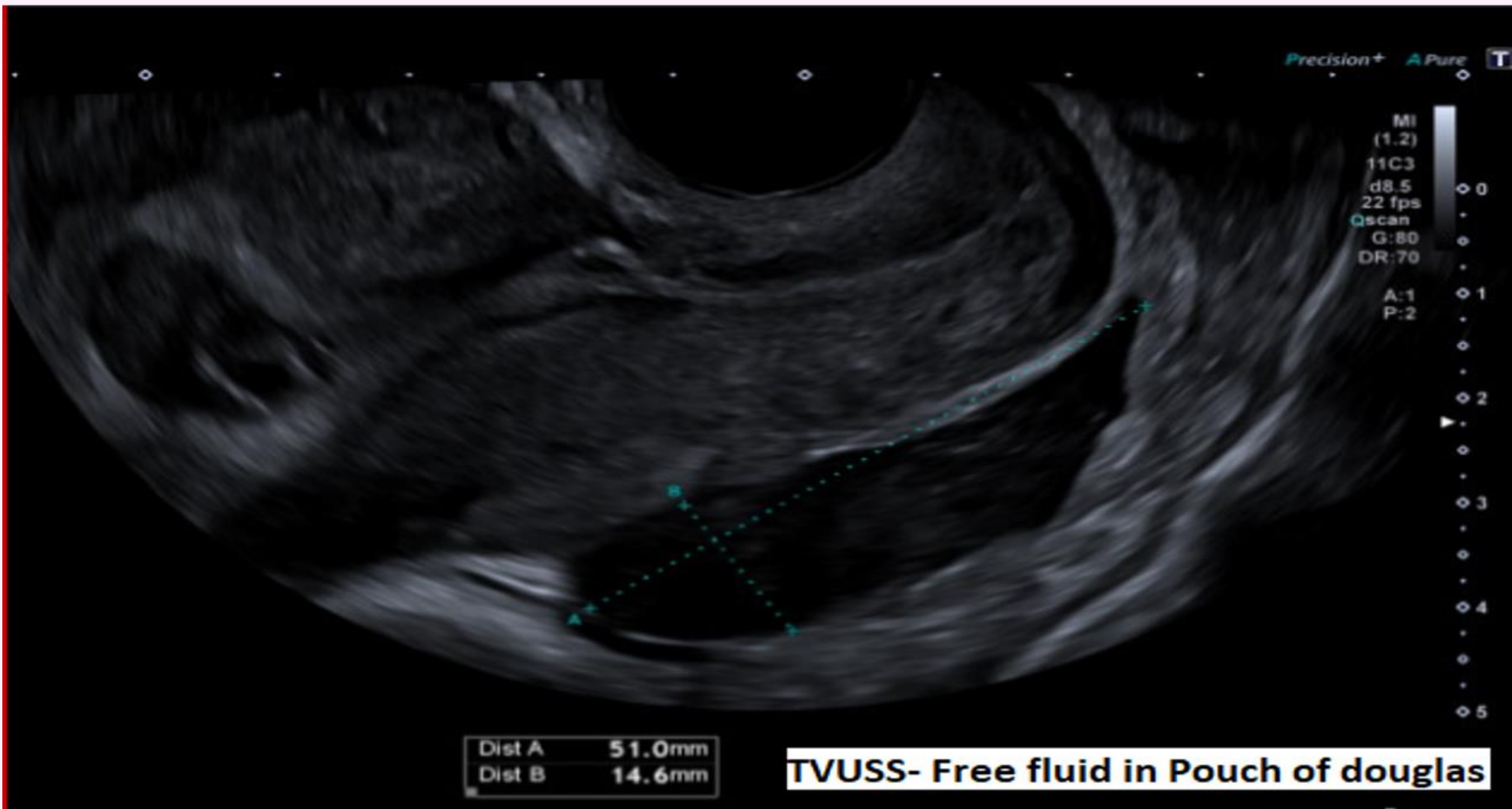


Figure 1 Transvaginal ultrasound (TVUS) - Free fluid in pouch of douglas

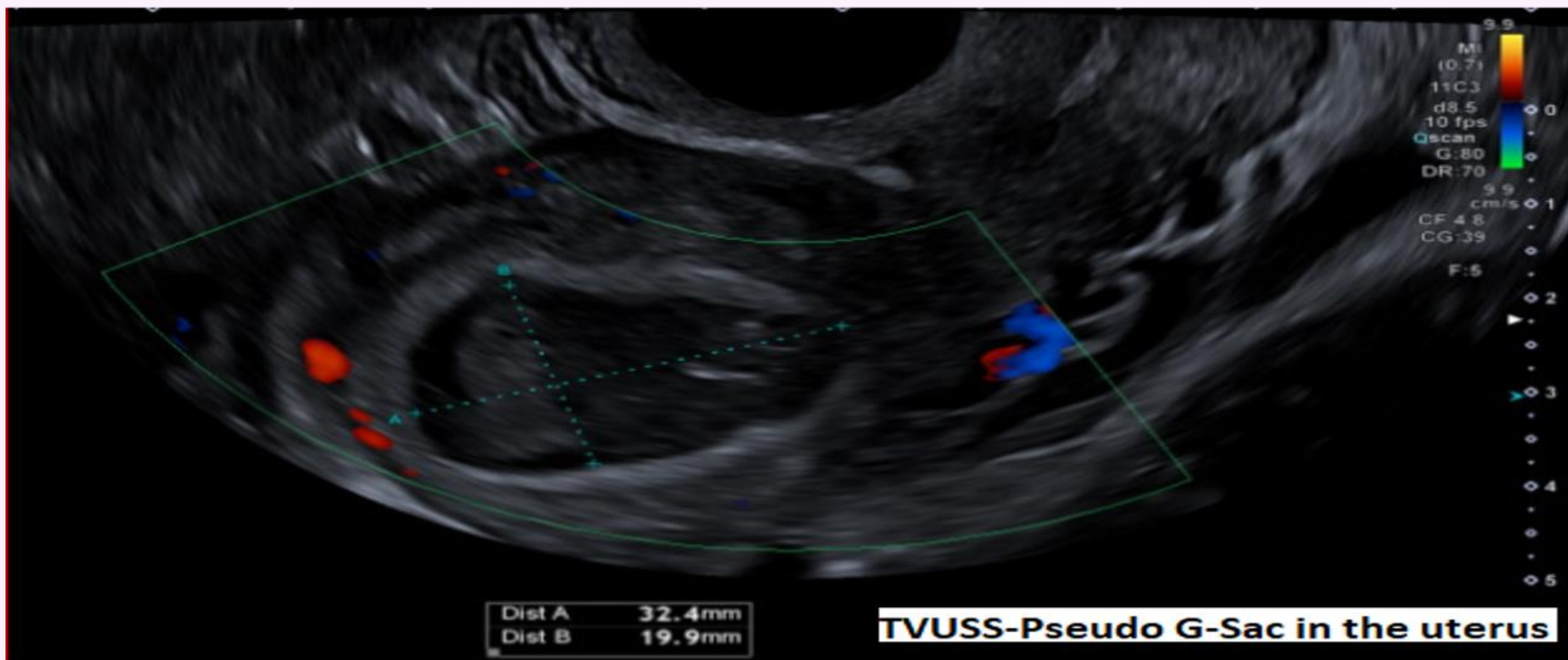


Figure 2 TVUS - Psuedo Gestational-Sac in the uterus

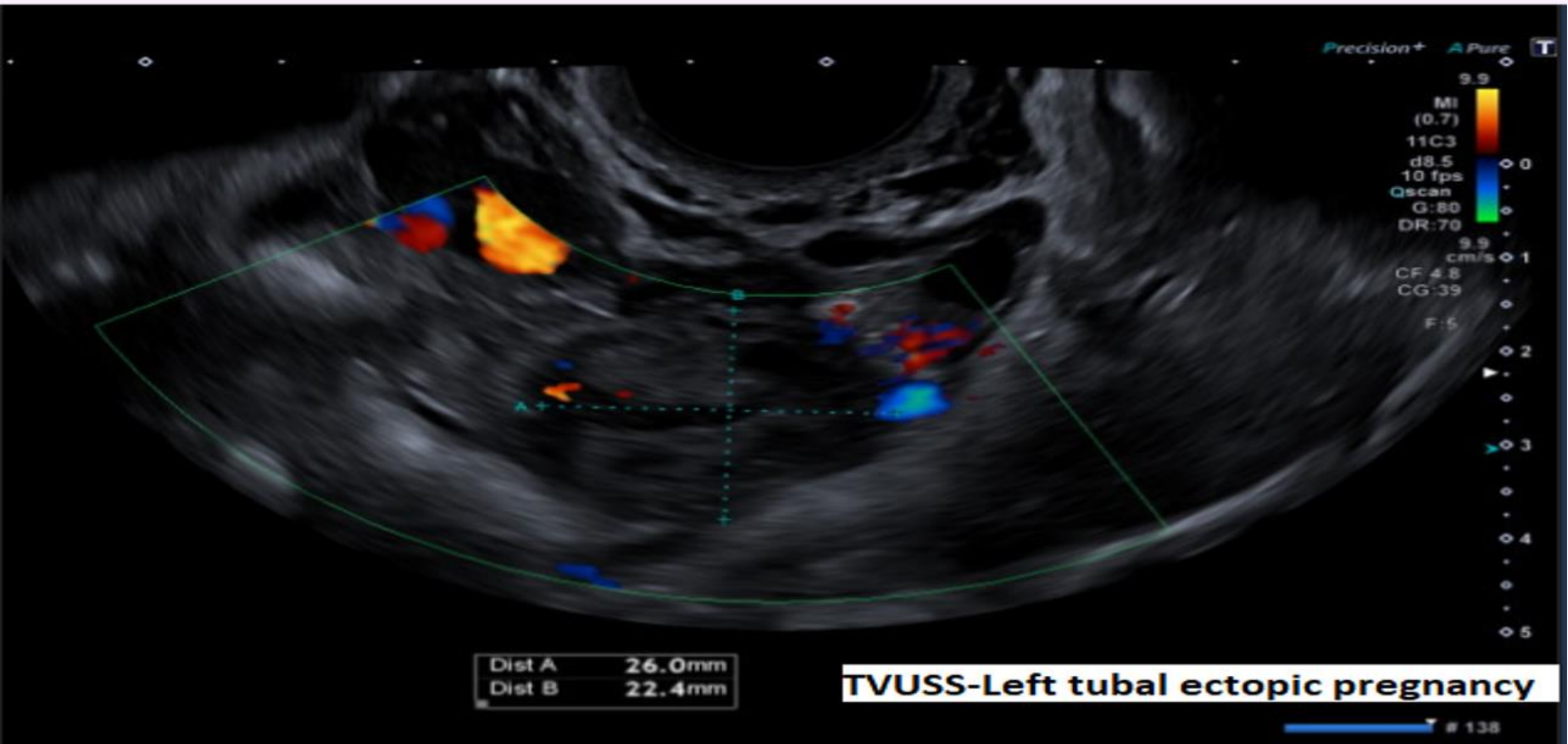


Figure 3 TVUS - Left tubal ectopic pregnancy

- **Management Options:** Serial β -hCG levels follow-up, surgical management (laparoscopic salpingectomy/salpingotomy) and evacuation of retained products.
- **Laparoscopy:** 200 mL of blood in pelvis and both fallopian tubes distended and bleeding. Right salpingectomy and left salpingotomy performed.

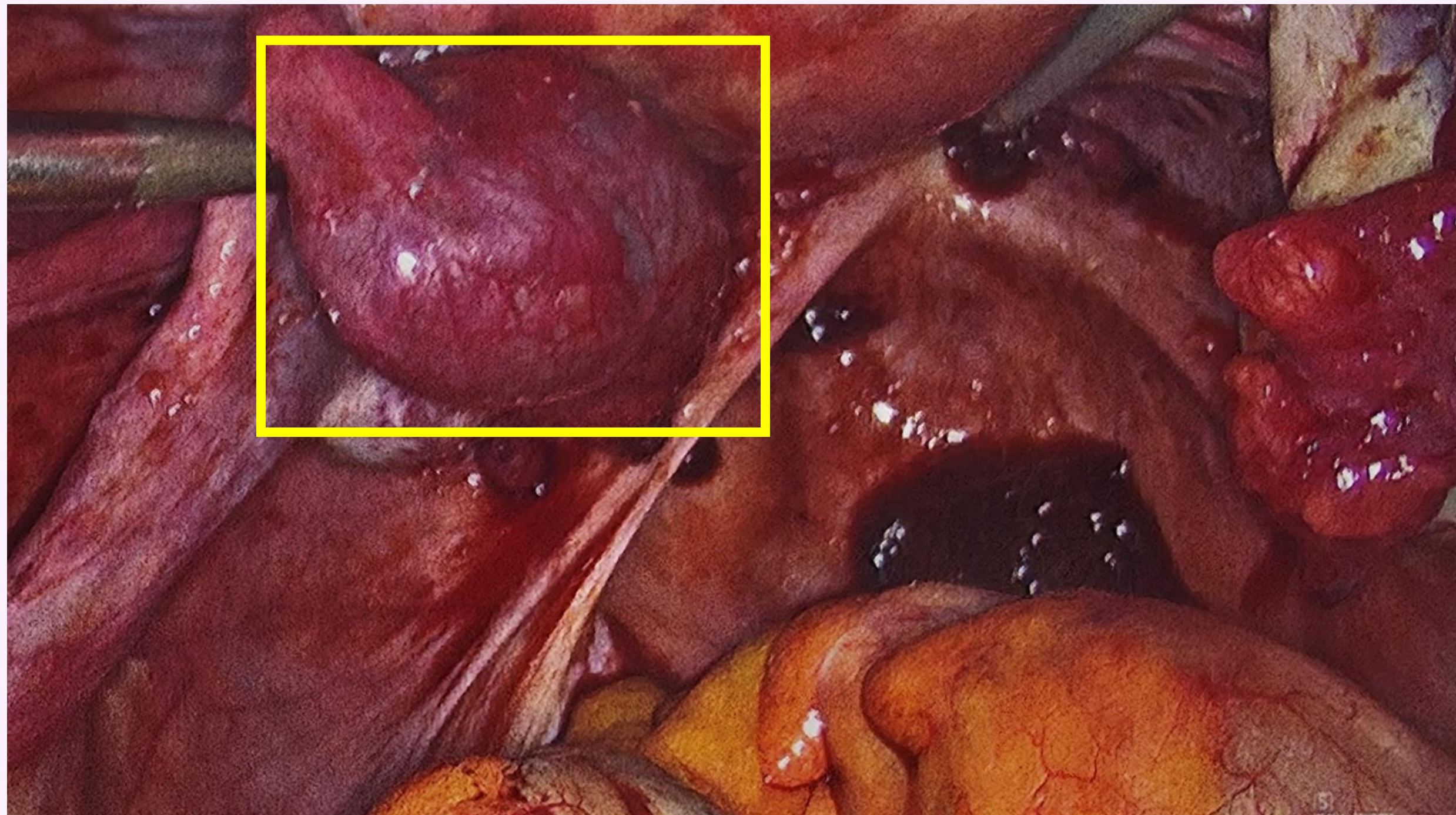


Figure 4 Laparoscopic view of right tubal ectopic pregnancy

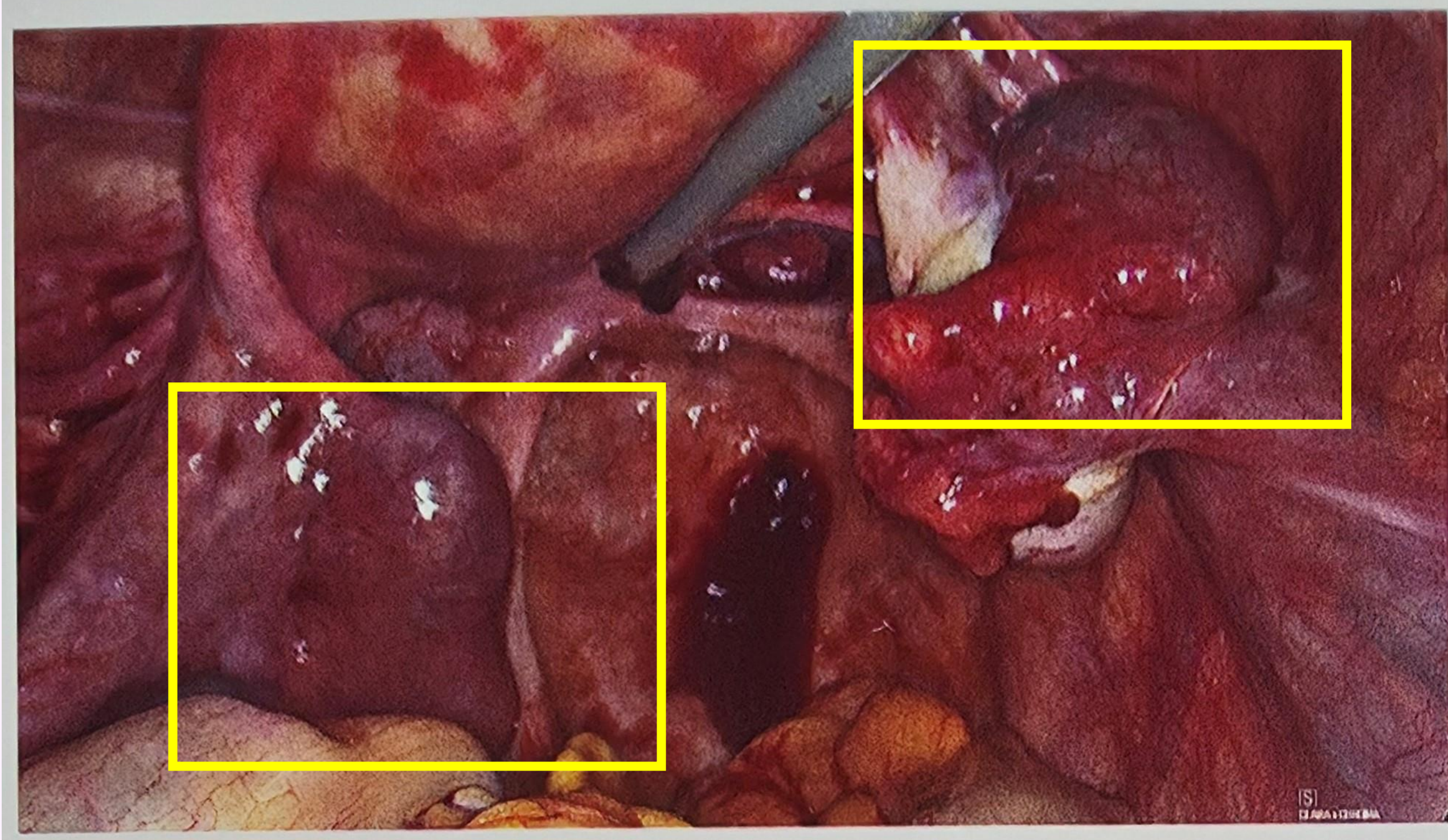


Figure 5 Laparoscopic view of bilateral tubal ectopic pregnancy

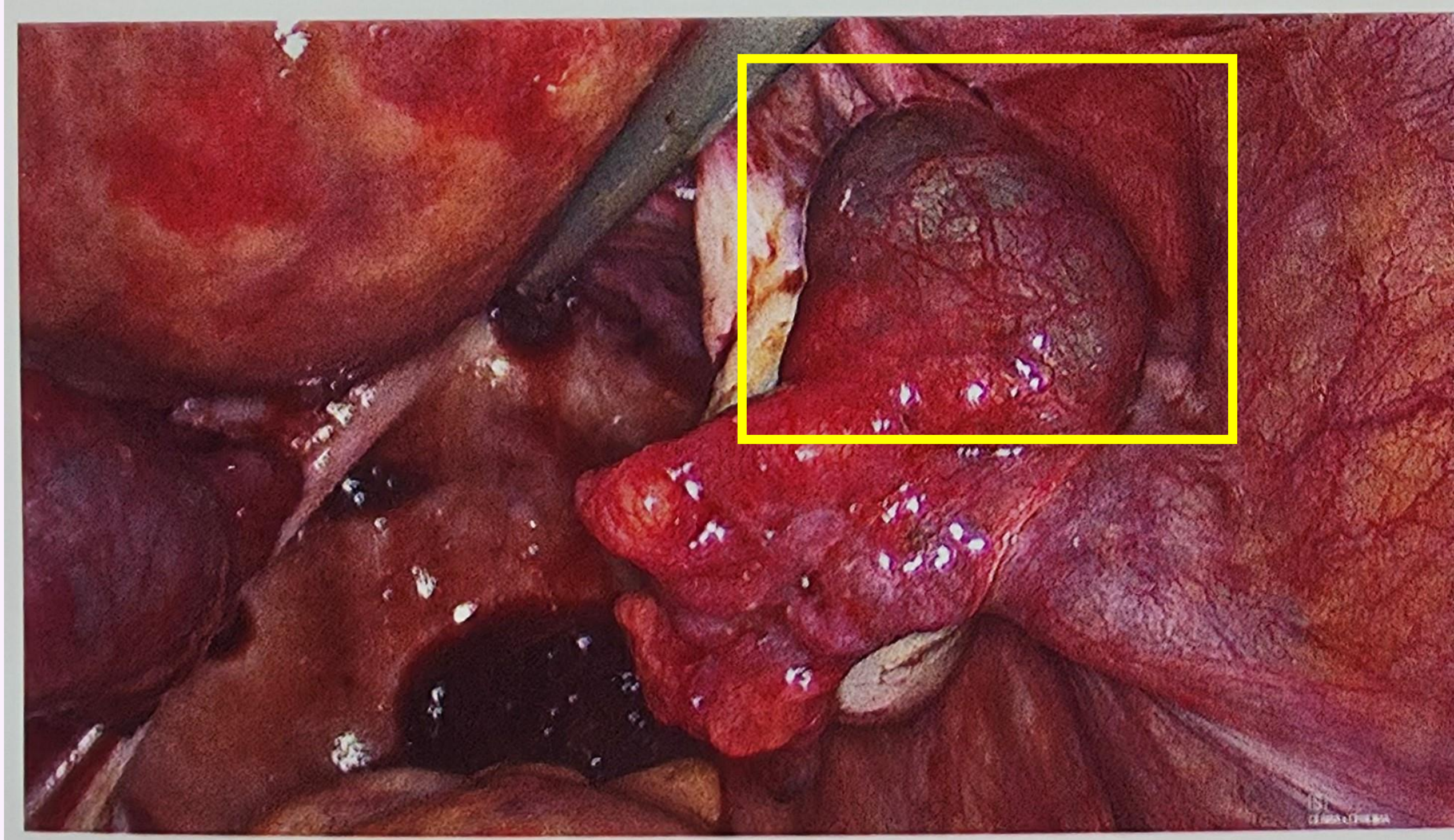


Figure 6 Laparoscopic view of left tubal ectopic pregnancy

Discussion

- **Diagnostic and Management Challenges:**
 - High index of suspicion and thorough evaluation.
 - Early and accurate diagnosis is crucial to prevent complications and ensure optimal outcomes.
 - Diagnosis facilitated by a combination of ultrasound and laparoscopy.
- **Management of BTP:**
 - Should be individualized based on the patient's clinical condition, fertility desires, and healthcare team's expertise.
 - Surgical intervention is a cornerstone of treatment.

- **Clinical Practice Implications:**
 - Heightened awareness and consideration of BTP needed to improve diagnostic accuracy and patient care.
 - BTP requires a tailored approach; in this case, right salpingectomy and left salpingotomy were performed after obtaining a second opinion.
 - Successful surgical intervention and uneventful postoperative recovery highlight the effectiveness of timely and appropriate management.

Conclusion

- BTP is extremely rare, especially following spontaneous conception.
- The rarity often leads to misdiagnosis and delayed treatment, increasing the risk of morbidity and mortality.
- Common symptoms include amenorrhea, spotting, and lower abdominal pain.
- Despite the absence of typical risk factors like ART or STIs, the patient's history of two previous Caesarean sections may have contributed to BTP.
- Transvaginal ultrasound identified a left tubal ectopic pregnancy and a heterotopic intrauterine sac, complicating the clinical picture.
- High β -hCG levels supported the diagnosis, but bilateral nature was confirmed only during laparoscopy.
- Consider BTP in differential diagnoses, especially in patients with risk factors and atypical presentations.

References

- Lubna Khan et al. *Bilateral Alive Tubal Ectopic Pregnancy and its Management*. J Gynecol 2020, 5(1): 000201.
- Elham Eghbali et al. *Spontaneous bilateral tubal ectopic pregnancy preoperatively diagnosed by ultrasound: a case report*. BMC Pregnancy and Childbirth, 23 February 2023. "2").
- Maria Reichenber C. Arcilla et al. *Primary Bilateral Tubal Pregnancy: A Case Report and Review of Literature*.

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