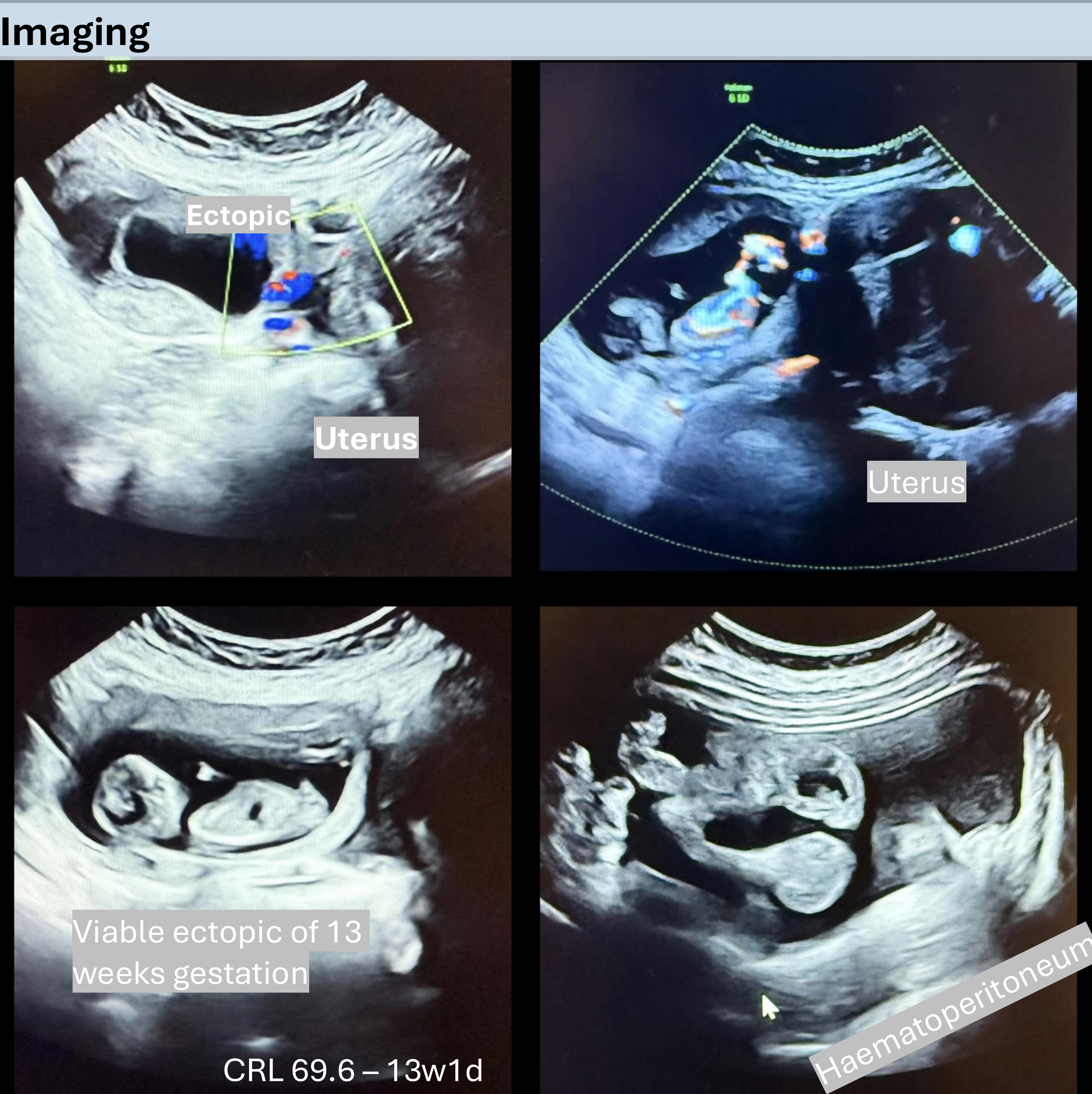


Background

Approximately 2-3% of EPAU presentations are due to ectopic pregnancies¹ which are typically diagnosed before 12 weeks' gestation². Ectopic pregnancies at advanced gestations carries significant risks of morbidity and mortality.



Case Study

Background

- 37 year old, P0, 13/40
- Ethnicity: Black African
- Referral to EPAU from antenatal scan with suspicion of ectopic pregnancy

Imaging

- Repeat ultrasound: large, multi-fibroid uterus
- Live fetus in right adnexa consistent with 13w1d gestation
- Significant hemoperitoneum

Clinical Analysis

- Arrived to the EPAU with stable observations, initial Haemoglobin level 66 g/L
- Soon developed more pain and became haemodynamically unstable requiring fluid resuscitation
- Emergency laparoscopy converted to laparotomy due to limited access to adnexa and haemoperitoneum secondary to ruptured ectopic pregnancy
- Right salpingectomy performed, estimated total blood loss 2500ml
- Required 4 units red blood cells and 2 units packed platelets for fluid replacement

Post-operative care & follow up

- Day 2: episode of desaturation and collapse
- CTPA: bilateral large saddle pulmonary embolism with right heart strain
- Therapeutic anticoagulation initiated with Haematology team
- Day 8: stable for discharge with follow-up in the community

Discussion

Identifying a correctly sited pregnancy in the presence of a multi-fibroid uterus can be challenging due to obscured imaging.

Ectopic pregnancies presenting at advanced gestations are rare and are often associated with abdominal or uterine implantation.

These cases present greater surgical risks with morbidity and mortality.

Diagnosing an intrauterine pregnancy is more challenging when fibroids enlarge and distort the uterus, often requiring careful tracing from the cervix or a transabdominal scan for confirmation.³

Conclusion

It is important to ensure a systematic approach when performing early pregnancy scans and if a clinician is unsure of the pregnancy implantation site, should seek a second senior opinion. Early recognition and prompt intervention are crucial to prevent catastrophic outcomes in ectopic pregnancies presenting at advanced gestations.

¹ Kirk, E., Papageorgiou, A.T., Condous, G., Tan, L., Bora, S. and Bourne, T., 2007. The diagnostic effectiveness of an initial transvaginal scan in detecting ectopic pregnancy. *Human reproduction*, 22(11), pp.2824-2828.

² Murray H, Baakdah H, Bardell T, Tulandi T. Diagnosis and treatment of ectopic pregnancy. *CMAJ*. 2005 Oct 11;173(8):905-12. doi: 10.1503/cmaj.050222. PMID: 16217116; PMCID: PMC1247706.

³ Bourne T, Bottomley C, Van Calster B, Kirk E, Van Huffel S, Timmerman D. Systematic classification of ultrasound findings in early pregnancy. *Ultrasound Obstet Gynecol*. 2009;33(5):519–527. doi:10.1002/uog.4077.