

Beyond the Cut: Recurrent Ectopic Pregnancy Through a Ligated Tube Stump

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Case Report

A 32-year-old G2P0A1 woman presented with clinical features suggestive of a ruptured ectopic pregnancy. She had a history of right-sided salpingectomy performed two years prior for a right-sided ectopic pregnancy. Given that her left fallopian tube was patent, recurrence was initially presumed to originate from the left side—though notably, the patient reported predominantly right-sided abdominal pain.

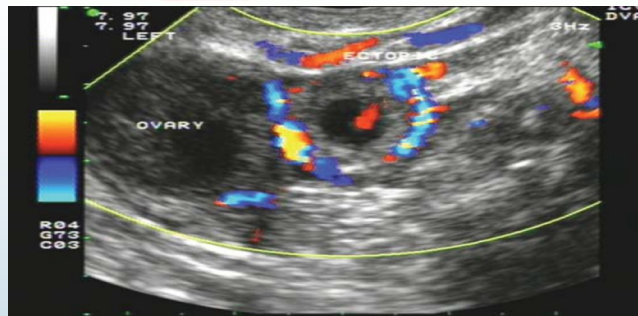
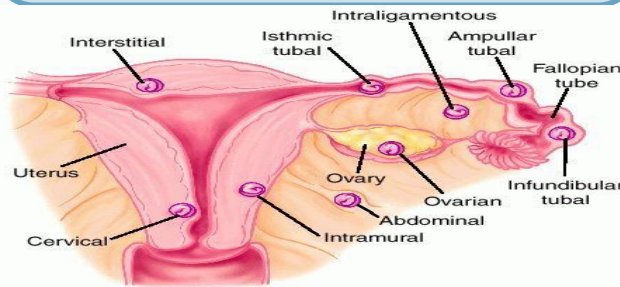
Transvaginal ultrasound revealed significant free fluid in the pouch of Douglas and a 1.7 cm left adnexal cyst. No intrauterine gestation was visualized. Serum β -hCG was 4,000 mIU/mL. As a nulliparous woman, the prospect of losing her remaining tube was emotionally distressing for the patient. She expressed reluctance to undergo salpingectomy, fully understanding that salpingostomy carried a risk of future recurrence.

The patient consented to laparoscopy with a plan for salpingostomy and salpingectomy if necessary. Intraoperatively, the left fallopian tube appeared completely healthy. Surprisingly, the ectopic pregnancy was found near the swollen stump of the previously ligated right tube. The ectopic tissue was excised, and the stump was resecured with a Filshie clip to prevent recurrence.

The patient was highly satisfied with the surgical outcome, particularly as her healthy left tube was preserved.

Objective

Diagnosis and Management of a Rare Variant of Recurrent Ipsilateral Abdominal Ectopic Pregnancy Through the Stump of a Ligated Fallopian Tube



References

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- 2.Ko PC, Liang CC, Lo TS, Huang HY. Six cases of tubal stump pregnancy: complication of assisted reproductive technology? *Fertil Steril.* 2011;95:2432–2434. doi:10.1016/j.fertnstert.2011.03.069. [DOI] [PubMed] [Google Scholar]

Discussion

Recurrent abdominal pregnancy near the stump of a previously ligated fallopian tube is a rare occurrence, but it cannot be entirely ruled out. Recanalization of the ligated tube may occur, leading to restored patency and a potential site for ectopic pregnancy recurrence¹. A longer tubal stump increases this risk; therefore, the tube should be ligated as effectively and as close to the uterine cornu as possible². Recurrence can also occur in non-tubal sites, such as the ovaries or bowel.

Conclusion

Ipsilateral recurrent ectopic pregnancy after salpingectomy is rare and, theoretically, should not occur. Clinician awareness and vigilance are essential for successful management. Leaving the tubal stump as short as possible may help prevent recurrence of ipsilateral ectopic pregnancy.

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