

A diagnostic dilemma following salpingectomy: could it be re-implantation of trophoblastic tissue?

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Case report :We present the case of a 29-year-old patient who presented at six weeks gestation in the Early Pregnancy Unit with severe pain and spotting.

A pelvic ultrasound indicated a right ectopic pregnancy, with a serum β -HCG level of 5700. Due to the severity of the pain and the size of the ectopic pregnancy, she underwent a laparoscopic right salpingectomy. The histology report confirmed the diagnosis of ectopic pregnancy.

Three weeks later, the patient returned to the hospital feeling unwell. Serum β -HCG levels had increased but plateaued around 1500.

Scan suggested the possibility of peritoneal implants, likely resulting from a tubal miscarriage.

Serial β -HCG measurements were conducted over four consecutive occasions, indicating the presence of persistent active trophoblastic tissue.

Treatment : one dose Methotrexate

Follow-up : significant decrease in β -HCG levels.

Diagnosis

Diagnosing persistent trophoblastic tissue poses challenges due to the nonspecific nature of clinical findings and the variable rates of β hCG decline postoperatively.

This complication can occur in up to 20% of cases following salpingectomy

The incidence following salpingectomy is even lower, particularly as the condition may resolve spontaneously or be managed presumptively with methotrexate treatment

Persistent trophoblastic tissue or reimplantation of trophoblastic tissue is a rare complication

Incidence of 1% to 1.9%1

Common sites for this reimplantation include the peritoneum or omentum

Can occur following laparoscopic procedures.

The reimplanted trophoblastic tissue may undergo natural degeneration or as a result of treatment with Methotrexate

Conclusions

Persistent trophoblastic tissue or reimplantation is a rare condition that is frequently left undiagnosed

Only eight case reports of secondary trophoblast implantation following laparoscopic salpingectomy have been identified in the literature (since 1982)

This emphasizes the importance of vigilance and the need for a multidisciplinary approach when a woman presents with abdominal pain in the postoperative period following an ectopic pregnancy