ECTOPIC TWIN PREGNANCY : ABOUT A CASE

Kamal El. Moussaoui* and Aicha. Kharbach

Department of Gynecology - Obstetrics and Endocrinology - CHU IBN Sina, Rabat, Morocco.

ABSTRACT

Unilateral tubal twin pregnancies occur in approximately 1 in 125,000 spontaneous pregnancies. Due to the lack of data, there are few recommendations on the appropriate management of a twin tubal ectopic pregnancy. We report a CLINICAL CASE of a 28-year-old woman, with type 1 diabetes on insulin and with no significant surgical or gynecological history, the patient presented to the emergency room for metrorragia evolving for two days in a context of 6sa-2j amenorrhea. Clinical examination finds a hemodynamically stable patient, a depressible flexible abdomen with sensitivity to the right iliac pit and a slightly painful reversed uterus has mobilization with a moderate bleeding abundance of endo uterine origin. The emergency room urine pregnancy test was positive. Beta Hcg serum was 3,966 mUI/ml. Transvaginal ultrasound showed a reversed empty uterus, a fine and homogeneous endometrium of 7.8 mm with the presence at the right tubal level of two gestational bags measuring (7.2 mm-5.8 mm) and (7 mm-5.6 mm) with two embryos of 3.8 mm and 3.6 mm respectively, both had positive cardiac activity. At the douglas bag cul level, the presence of an effusion blade. The diagnosis of bi-amniotic bi-horoidal bi-chorial ectopic pregnancy was made. A laparoscopy was performed with a right salpingectomy. Postoperative evolution was favourable. Health care providers should have a high index of clinical suspicion for ectopic pregnancies. Unilateral tubal twin ectopic pregnancies, although rare, can be correctly diagnosed by transvaginal ultrasound. Laparoscopic salpingectomy provides an effective treatment for unilateral tubal twin gestation with a short recovery time. Due to the lack of data in the literature, there are few recommendations on the appropriate management of an ectopic twin pregnancy.

KEYWORDS: Ectopic twin pregnancy – Ectopic pregnancy – Twin pregnancy.
INTRODUCTION
Unilateral tubal twin pregnancies occur in approximately 1 in 125,000 spontaneous pregnancies. Due to the lack of data, there are few recommendations on the appropriate management of a twin tubal ectopic pregnancy.

Clinical case
A 28-year-old woman, with type 1 diabetes on insulin and with no significant surgical or gynecological history, the patient presented to the emergency room for metrorragia evolving for two days in a context of 6sa-2j amenorrhea. Clinical examination finds a hemodynamically stable patient, a depressible flexible abdomen with sensitivity to the right ilac pit and a slightly painful reversed uterus has mobilization with a moderate bleeding abundance of endo uterine origin. The emergency room urine pregnancy test was positive. Beta Hcg serum was 3,966 mU/l/ml. Transvaginal ultrasound showed a reversed empty uterus, a fine and homogeneous endometrium of 7.8 mm with the presence at the right tubal level of two gestational bags measuring (7.2mm-5.8mm) and (7mm-5.6 mm) with two embryos of 3.8mm and 3.6mm respectively, both had positive cardiac activity. at the douglas bag cul level, the presence of an effusion blade. The diagnosis of bi-amniotic bi-horoial bi-chorial ectopic pregnancy was made. (Figure 1)

Figure 1.
A laparoscopy was performed with a right salpingectomy. postoperative evolution was favourable.
DISCUSSION

Ectopic pregnancies account for 1% of all pregnancies, represent a major health risk for women of childbearing capacity and can result in life-threatening complications if not treated properly.\textsuperscript{[1,2]} The classic clinical triad of ectopic pregnancy is pain, amenorrhea and vaginal bleeding.\textsuperscript{[3]} The incidence of ectopic pregnancies has been increasing since the 1970s. Multiple risk factors which contribute to the incidence of ectopic pregnancy are: pelvic inflammatory disease, previous ectopic pregnancy, history of tubal surgery and conception after tubal ligation, and use of fertility drugs or assisted reproductive technology. Other risk factors include use of an intrauterine contraceptive device, increasing age, smoking and congenital uterine anomalies.\textsuperscript{[2,4]}

Live twin ectopics gestations are extremely rare. The first case of live twin ectopics pregnancy was described in 1994.\textsuperscript{[3]} Currently, there are approximately 100 published cases in the literature diagnosed pre-operatively and only eight diagnosed cases with documented foetal cardiac activity in a live twin gestation.\textsuperscript{[1,2,5,6]} A unilateral twin ectopic pregnancy is a rare occurrence which was first described in 1891 by De Ott. Furthermore, a bilateral tubal pregnancy is the rarest form of double-ovum twin pregnancy.\textsuperscript{[2]} Some studies suggest that there is a delay in ovum transport and consequently implantation, which increases the risk of occurrence of monozygotic twin pregnancies. Monochorionic, monoamniotic twin pregnancies will be unilateral. However, if it is dichorionic, diamniotic it may be unilateral but may rarely present as a bilateral ectopic.\textsuperscript{[7]}

Transvaginal ultrasonography has revolutionised the diagnosis of early pregnancy and gynaecological conditions and has become the method of choice for evaluating early pregnancy complications due to its superior resolution. TVUS has changed the approach to the diagnosis of ectopic pregnancy, from being based on the inability to visualise an intrauterine pregnancy to one where a positive diagnosis can be made. TVUS allows visualisation of an ectopic mass with or without an embryo within it and detailed evaluation of the adnexa of patients suspected of having ectopic pregnancies.\textsuperscript{[5,8]}

The key to diagnosis of an ectopic pregnancy is determining the presence or absence of an intrauterine gestational sac with co-relation of serum β-hCG levels. An ectopic pregnancy should be suspected when TVUS does not show an intrauterine gestation with a serum β-hCG level of 1500 IU/L or higher. Women with ectopic pregnancies tend to have lower β-hCG levels than those with normal intrauterine pregnancies; however, twin ectopic pregnancies
have high levels of β-hCG similar to normal intrauterine pregnancies. In our case, the β-hCG level was high (3966 IU/L) at the time of ultrasound examination.

The presence of other indirect signs, such as fluid in the Pouch of Douglas, free fluid in the pelvis or a pseudo sac in the endometrial cavity are helpful indicators in establishing the diagnosis. Other presentations could be an in-homogenous adnexal mass or an empty extra-uterine sac with an empty endometrial cavity.[9]

The presence of other indirect signs, such as fluid in the Pouch of Douglas, free fluid in the pelvis or a pseudo sac in the endometrial cavity are helpful indicators in establishing the diagnosis. Other presentations could be an in-homogenous adnexal mass or an empty extra-uterine sac with an empty endometrial cavity.[9]

Heterotopic as well as bilateral tubal ectopic pregnancies are seen after the introduction of assisted reproductive treatment.[10] The occurrence of spontaneous bilateral ectopic pregnancy is, however, exceedingly rare.[11,12] Comprehensive clinical guidelines for the treatment of ectopic pregnancy have been published by the Royal College of Obstetricians and Gynaecologists.[13]

CONCLUSION
Health care providers should have a high index of clinical suspicion for ectopic pregnancies. Unilateral tubal twin ectopic pregnancies, although rare, can be correctly diagnosed by transvaginal ultrasound. Laparoscopic salpingectomy provides an effective treatment for unilateral tubal twin gestation with a short recovery time. Due to the lack of data in the literature, there are few recommendations on the appropriate management of an ectuous ectopic twin pregnancy.

REFERENCES
1. Summa B, Meinhold-Heerlein I, Bauerschlag DO, et al. Early detection of a twin tubal pregnancy by Doppler sonography allows fertility-conserving laparoscopic surgery. Arch Gynecol Obstet, 2009; 279: 87–90. [PubMed] [Google Scholar].
2. Teresa T, Ali MD, Khazaei MD. Spontaneous unilateral dizygotic twin tubal pregnancy. J Clin Ultrasound, 2009; 37: 104–6. [PubMed] [Google Scholar].
3. Ectopic Pregnancy Foundation, Esher, UK. Registered charity no 1122286. See www.ectopicpregnancy.co.uk (last checked 29 September 2014).
4. George M, Nadarajah S, Ong CL. Unilateral twin ectopic pregnancy. JHK Coll Radiol, 2010; 12: 186–9. [Google Scholar]

5. Ghike S, Somalwar S, Mitra K, et al. A unilateral twin ectopic pregnancy (Diamniotic-Dichorionic): a rare case. J South Asian Federation Obstet Gynaecol, 2011; 3: 103–5. [Google Scholar].

6. Karadeniz RS, Dilbaz S, Ozkan SD. Unilateral twin tubal pregnancy successfully treated with methotrexate. Int J Gynaecol Obstet, 2008; 102: 171–8. [PubMed] [Google Scholar].

7. Eze JN, Obuna JA, Ejikeme BN. Bilateral tubal ectopic pregnancies: a report of two cases. Ann Afr Med, 2012; 11: 112–5. [PubMed] [Google Scholar].

8. Rolle CJ, Wai CY, Bawdon R, et al. Unilateral twin ectopic pregnancy in a patient with a history of multiple sexually transmitted infections. Infect Dis Obstet Gynaecol, 2006; 2006: 10306–10306. [PMC free article] [PubMed] [Google Scholar].

9. Kirk E, Bourne T. Diagnosis of ectopic pregnancy with ultrasound. Best Pract Res Clin Obstet Gynaecol, 2009; 23: 501–8. [PubMed] [Google Scholar].

10. Adair CD, et al. Bilateral tubal ectopic pregnancies after bilateral partial salpingectomy: a case report. J Reprod Med, 1994; 39(2): 131–3. [PubMed] [Google Scholar].

11. Olive DL, et al. Gamete intrafallopian transfer (GIFT) complicated by bilateral ectopic pregnancy: fertility and sterility, 1988; 49(4): 719–20. [PubMed] [Google Scholar].

12. Messore M, et al. Spontaneous left tubal and right interstitial pregnancy: a case report. J Reprod Med, 1997; 42(7): 445–7. [PubMed] [Google Scholar].

13. Kelly AJ, Sowter MC, Trinder J. London: RCOG Press; The Management of Tubal Pregnancy, 2004. [Google Scholar].