Case Report

Heterotopic pregnancy with successful pregnancy outcome

ABSTRACT

A heterotopic pregnancy is a rare complication of pregnancy, in which both extra-uterine and intrauterine gestation occur simultaneously. We hereby report a case of ruptured heterotopic pregnancy presenting at 6 weeks of gestation and was managed with immediate laparotomy. The intrauterine pregnancy course was uneventful with delivery of a healthy baby at term by Caesarean section.

KEY WORDS: Adnexal mass, assisted reproduction techniques, heterotopic pregnancy

INTRODUCTION

A heterotopic pregnancy is a rare complication of pregnancy, in which both extra-uterine and intrauterine gestation occur simultaneously. The reported incidence is 0.6-2.5/10,000 pregnancies. There is a significant increase in the incidence of heterotopic pregnancy in women undergoing ovulation induction. An even greater incidence of heterotopic pregnancy is reported in pregnancies following assisted reproduction techniques such as in vitro Fertilization (IVF) and Gamete Intra-Fallopian Transfer (GIFT). In natural cycles the incidence is still rare and unexpected. In general population the major risk factors for heterotopic pregnancy are the same as those for ectopic pregnancy. For women in an assisted reproduction techniques there are additional factors, a higher incidence of multiple ovulation, a higher incidence of tubal malformation, tubal damage and technical factors in embryo transfer which may increase the risk for ectopic and heterotopic pregnancy. We report a case of ruptured heterotopic pregnancy presenting at 6 weeks of gestation and was managed with immediate laparotomy. The intrauterine pregnancy course was uneventful with delivery of a healthy baby at term by Caesarean section.

CASE REPORT

A 23-year-old primigravida, was referred to our hospital with the history of cessation of menses of 6 weeks and intermittent pain lower abdomen of 7-days duration. She had no prior history of fertility treatment or pelvic inflammatory disease (PID). On admission her vitals were P/R 110/min, B.P 90/40 mmHg, afebrile and R/R 18/min. On palpation suprapubic tenderness was present with mild distension. Pelvic examination revealed an enlarged uterus corresponding to 6-8 weeks size of gestation with closed cervix and a tender right adnexa. Her hemoglobin level was 8.0 gm/dl and urine for pregnancy test was positive. Transabdominal ultrasonography showed moderate amount of fluid in the peritoneal cavity with a live intrauterine gestation of about 6 weeks.

A complex right adnexal mass was present and left adnexa seems to be normal. Provisional diagnosis of a heterotopic pregnancy with ruptured right-sided ectopic pregnancy was made in view of clinical history, moderate amount of free intraperitoneal fluid. Patient underwent emergency laparotomy. There was ruptured right-sided tubal pregnancy with hemoperitoneum of 1.5 litres, right-sided partial salpingectomy was performed, the intrauterine live gestation was allowed to continue. The patient delivered a healthy live baby at 39 wks by LSCS for nonprogress of labor [Figure 1].
The management of heterotopic pregnancy is laparoscopy or laparotomy for the tubal pregnancy. Laparotomy may be the treatment of choice in cases with serious intra-abdominal bleeding or in patients with hemodynamic instability due to hemorrhagic shock. The survival rate of an intrauterine pregnancy with favorable outcome reported in 50-66% of cases. Our case did not have any associated factor for heterotopic pregnancy and presented with rupture of ectopic pregnancy with hemoperitoneum.

The illustrated case did not have any associated risk factor for heterotopic pregnancy and presented with rupture tubal pregnancy and hemodynamic instability due to hemoperitoneum.

CONCLUSIONS

A heterotopic pregnancy, though extremely rare, should be kept in mind even if an intrauterine pregnancy is diagnosed and can still result from natural conception, and one needs extra efforts to look for heterogenous pregnancy. The high index of suspicion is to ensure for early and timely diagnosis and management, a timely intervention can result in a successful outcome of intrauterine pregnancy and prevent tubal rupture and hemorrhagic shock which can be fatal.

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