

„Laparoscopic breech delivery“ of a tubal ectopic pregnancy @ 11 weeks

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Abstract objective

Ectopic pregnancy occurs in around 1-3% of all pregnancies and is still the most common cause of first trimester maternal death accounting for 73% of early pregnancy mortality. The incidence of ectopic pregnancy has increased markedly over the last three decades. Cases may be misled by asymptomatic patients and the absent of common clinical findings.

Abstract methods

Case report.

Abstract results

A 28-year-old woman was referred with a tubal ectopic pregnancy @ 11 weeks of gestation detected at her first visit for antenatal care. On admission vital signs were stable and no abdominal guarding or rebound tenderness was present. She had no history of a previous ectopic pregnancy.



Fig.1 vital ectopic pregnancy

Fig.2 uterus

Transvaginal ultrasound scan revealed a vital right-sided tubal ectopic pregnancy with a CRL of 45 mm (Fig.1) and an empty uterus with a thickened endometrium (Fig.2).

Laparoscopic intervention demonstrated a large unruptured ectopic pregnancy in the right fallopian tube. After spontaneously rupture in the isthmic segment a „laparoscopic breech delivery“ of the fetus was carried out (Fig.3). With a total length of 55mm the fetal body could be removed in toto (Fig.4). followed by salpingectomy.

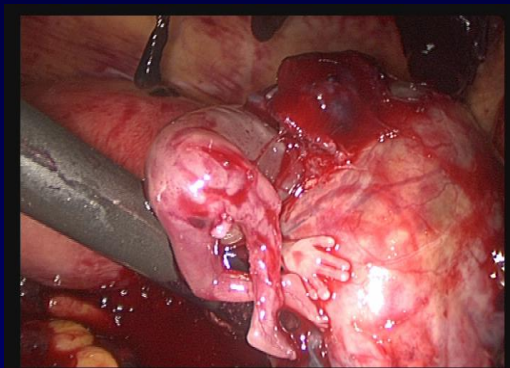


Fig.3 „laparoscopic breech delivery“

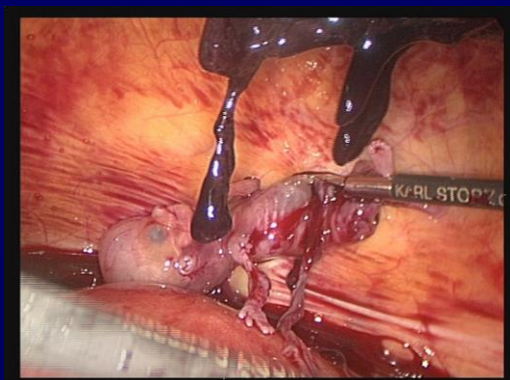


Fig.4 removal of the fetal body (length: 55mm)

Abstract conclusion

Three findings can be drawn from this case:

1. Patient with an advanced tubal ectopic pregnancy can present asymptomatic and common clinical findings can be absent leading to misdiagnosis.
2. Advanced tubal ectopic pregnancy can be managed laparoscopically.
3. The mucosal layer of the fallopian tubes is capable to provide an environment for implantation and supply for fetal growth up to 11. Weeks of gestation