

A case of heterotopic pregnancy managed with laparoscopic surgery

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Objective

Heterotopic pregnancy is defined as presence of coexisting ectopic and intrauterine gestations simultaneously. Its estimated incidence is reported to be 1 in 30,000 pregnancies, but this rate is higher in cases of artificial reproductive techniques (ART). Our aim is to present a case of heterotopic pregnancy managed with laparoscopic surgery.

Methods

This is a case report.

Results

A 32-year-old gravidity 2, parity 0, abortion 1 woman was applied to our clinic with vaginal bleeding and abdominal pain. Two embryos were transferred with in vitro fertilization due to unexplained infertility. Ultrasonograph (USG) examination revealed a 7weeks and 4 days live fetus according to crown-rump length (CRL) in the uterine cavity, accompanied by a heterogeneous mass (39x41mm) in the right adnexial region and presence of minimal free liquid in the pouch of Douglas. However, the patient's abdominal pain was relieved in the following day. In the differential diagnosis, ovary torsion and heterotopic pregnancy were considered. The patient was informed about the risks of the heterotopic pregnancy, and we decided to follow up the patient, thinking of a possible tubal abortion of the accompanying ectopic pregnancy. The patient was hospitalized in the perinatology unit, monitored daily by USG examinations and hemogram parameters. The hemograms were stable. However, the heterogeneous adnexal mass grew gradually to a size of 75x68 mm at the 10 weeks and 4 days of gestation (Figure 1a,b). Doppler USG revealed minimal blood flow in the mass. We proposed laparoscopy for a definite diagnosis and therapy, after the administration of 250 mg intramuscular hydroxyprogesterone caproate. On laparoscopy approximately 8 cm focus in the right fallopian tube and hemorrhagic liquid in the pouch of Douglas were observed. Right salpingectomy was performed and active bleeding regions were coagulated with electrocautery (Figure 2a,b). The operation ended with no complications. After the operation intrauterine pregnancy continued without any problems.

Conclusion

Heterotopic pregnancy is uncommon in the obstetrics practice. Early diagnosis and treatment is of very high importance, because of high risk of mortality. The predisposing factors are ART as in our patient, pelvic or tubal surgery, recurrent pelvic inflammatory disease and previous ectopic pregnancy. Although the majority of cases are diagnosed in the first trimester, less than 10% are diagnosed in the second trimester. The therapeutic strategies include both medical and surgical approaches. For patients who have history of infertility, laparoscopic surgery seems reliable and may be suggested as a first line intervention due to better ongoing pregnancy outcome.



Figure 1a,b. An ectopic pregnancy in the right adnexial region with a live fetus in the uterine cavity. Asterix: Heterogeneous ectopic focus, arrow: A 10+4 weeks fetus in the uterine cavity.

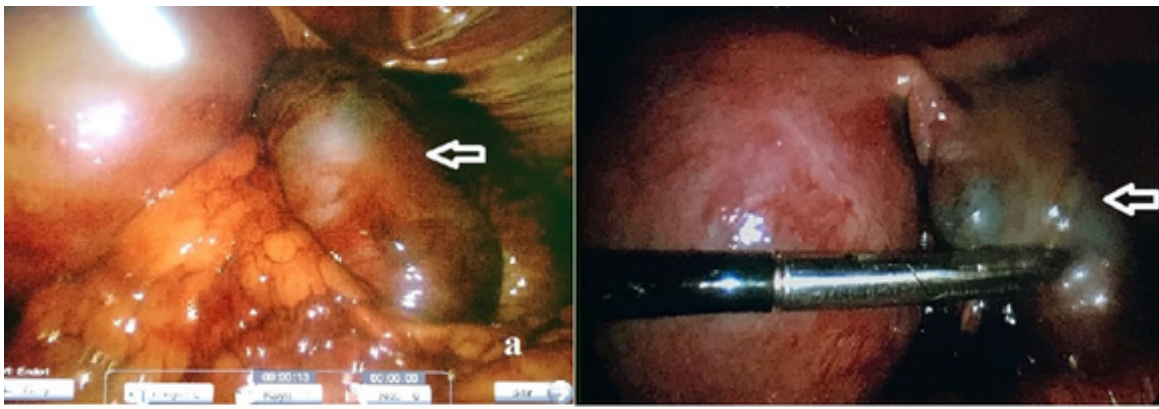


Figure 2a,b. The views of the ectopic mass in the laparoscopy. Arrows: Ectopic pregnancy in the right fallopian tube.