

Ectopic on Same Side after Partial Salpingectomy- A Case Report

Dylan Momin,¹ Ch. Pritamkumar Singh,² Yaruiyam Mahongnao,¹
Nungsangtemjen,¹ Kitborlang Warlaitthma,¹ rikrakmarak³

¹-Post Graduate Trainee, Obs&Gynae, Regional Institute of Medical Sciences, Imphal

²-Professor, Obs&Gynae, Regional Institute of Medical Sciences, Imphal

³-Post Graduate Trainee, Community Medicine, Regional Institute of Medical Sciences, Imphal

Corresponding author: Dylan Momin

Abstract:-

Objective- To report a case of rupture ectopic pregnancy on same side after partial salpingectomy.

Design- Case report

Setting- Departments of Obstetrics and Gynaecology Regional institute of medical science Hospital, Imphal, Manipur.

Patient- A 35 year old female a case of G4P2012 with previous ectopic with rupture ectopic.

Intervention- Emergency exploratory laparotomy with securing of rupture ectopic with right tubal ligation.

Result-Image diagnosis and pathological examination reveal product of conception

Keywords- Case report, Ectopic pregnancy, Exploratory laparotomy.

Date of Submission: 07-05-2019

Date of acceptance: 23-05-2019

I. Introduction

An ectopic Pregnancy is one in which fertilised ovum becomes implanted in a site other than normal uterine cavity. The incidence has increased due to prevalence of chronic pelvic inflammatory disease, tubal plastic operation, ovulation induction, and intra-uterine contraceptive device (IUCD) use. Early diagnosis and therapy have helped to reduced maternal death. The incidence varies from 1 in 300 to 1 in 150. As the cases of ectopic pregnancy on same side of previous ectopic is very rare. Therefore this case report is on the case of ectopic pregnancy on same side of previous ectopic in Manipur.

Case Report

An 35 year old female a case of P₂₊₀₊₁₊₂ presented in emergency with the complaints of dyspnoea, pain abdomen, pain in the right shoulder with the history of previous ectopic exploration in 2015 and with the history of Dilatation and evacuation done a day before. Vitals were BP- 110/80 mmhg, PR- 128/min, SPO₂- 94%, mild pallor with Haemoglobin 8 gm%. Urinary pregnancy test was positive. Per abdomen was soft with mild tenderness in the suprapubic area, bowel sound normal. Per vagina uterus normal size anteverted, bilateral fornices free, cervical motion tenderness was positive, no active bleeding. Transabdominal ultrasound showed uterus normal size, shape and contour, No sign of pregnancy or retained product of conception, Echogenic free fluid is seen in posterior culde sac along with organised mass in the pelvic cavity.

Patient was then put up for laparotomy under general anaesthesia, on opening the abdomen rupture ectopic noted on the left side cornuo-interstitial area of the ectopic where the partial salpingectomy was done. Around 300 ml of haemoperitoneum suctioned. Haemostatic suture taken and right tubal ligation done, one unit of packed red blood cells transfused intra-operatively. Postoperative period was uneventful; patient got discharged on post-operative day 5.

II. Discussion

The prevalence of ectopic pregnancy appears to be rising, in part because of earlier, more accurate diagnosis of pregnancies. Further, an increased incidence of sexually transmitted infections, earlier diagnosis of pelvic inflammatory disease resulting in tubal damage but not complete blockage, and the rise in the number of ectopic pregnancies resulting from assisted reproductive technologies (ART) may account for the overall increase.¹ Interstitial pregnancies are uncommon, accounting for 2%–4% of all ectopic pregnancies. Risk factors for interstitial pregnancy include prior salpingectomy and in vitro fertilization. Interstitial pregnancies occur when the gestational sac implants in the intramyometrial segment of the fallopian tube.² Although it is often used interchangeably with interstitial pregnancy, cornual pregnancy specifically refers to the implantation of a blastocyst within the cornua of a bicornuate or septate uterus. Cornual pregnancies are rare and account for less

than 1% of all ectopic pregnancies. Rupture of a cornual pregnancy also results in catastrophic hemorrhage.³⁻⁴ In this case we have found out that a patient 35 year old female G4P2012 had a ruptured left cornuo interstitial ruptured ectopic in the previous ectopic side where partial salpingectomy was done. In this case haemostatic suture taken and right tubal ligation done, one unit of packed red blood cells transfused intraoperatively. Even if the incidence of this type of ectopic pregnancy is increasing.

III. Conclusion

To conclude that cases of this type of ectopic pregnancy on same side of previous ectopic can occur. Further study can be carried out to find out the prevalence in similar setting.

Reference

- [1]. Seeber BE, Barnhart KT. Suspected ectopic pregnancy. *Obstetrics & Gynecology*. 2006 Feb 1;107(2):399-413.
- [2]. de Boer CN, van Dongen PW, Willemsen WN, Klapwijk CW. Ultrasound diagnosis of interstitial pregnancy. *Eur J ObstetGynecolReprodBiol* 1992;47:164-166.
- [3]. Lin EP, Bhatt S, Dogra VS. Diagnostic clues to ectopic pregnancy. *Radiographics*. 2008 Oct;28(6):1661-71.
- [4]. Varma R, Gupta J. Tubal ectopic pregnancy. *BMJ clinical evidence*. 2012;2012.

Dylan Momin “Ectopic on Same Side after Partial Salpingectomy- A Case Report.” *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, vol. 18, no. 5, 2019, pp 38-39.