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- **Title: SUCCESSFUL PREGNANCY OUTCOME AFTER SPONTANEOUS HETEROTOPIC PREGNANCY**

INTRODUCTION

Spontaneous heterotopic pregnancy is a rare clinical and potentially dangerous condition in which both intrauterine and extrauterine pregnancies occur at the same time. It can be life threatening and can be easily missed. A high index of suspicion is needed in women with risk factors for an ectopic pregnancy and in low risk women with an intrauterine gestation who have free fluid with or without an adnexal mass or in those presenting with acute abdominal pain and shock. The ectopic component is usually treated surgically and the intrauterine one is expected to continue normally.

OBJECTIVES

Our objective is to report a case of 32 year old primigravida with 6 weeks gestation with intrauterine gestation and left sided ruptured tubal ectopic pregnancy which was diagnosed as heterotopic pregnancy and managed.

CASE OPERATION PROCEDURE

A 32 yr old nulligravida presented with acute pain abdomen, vomitings and hypotension to GGH Srikakulam. No vaginal bleeding noted. physical examination Revealed pallor, hypotension, tachycardia with low volume pulse. Abdomen is tense and tender with guarding and rigidity. Lab parameters showed leucocytosis, haemoglobin 8gms/dl, with normal platelet count.

Immediate resuscitation was done with fluids. Urine pregnancy test positive. simultaneously ultrasound was done. Scan revealed an intrauterine gestation of 5 wks with free fluid in pouch of douglas and heterogenous area noted in left adnexa adjacent to left ovary likely left ruptured tubal ectopic pregnancy. High risk was informed to patient attendants and the case shifted to operation theatre with blood and blood products ready. Emergency laparotomy was done. 1.3 litres haemoperitoneum noted, cleared and left sided ruptured tubal ectopic of size 3*3 cm noted and left salpingectomy done.

DISCUSSION

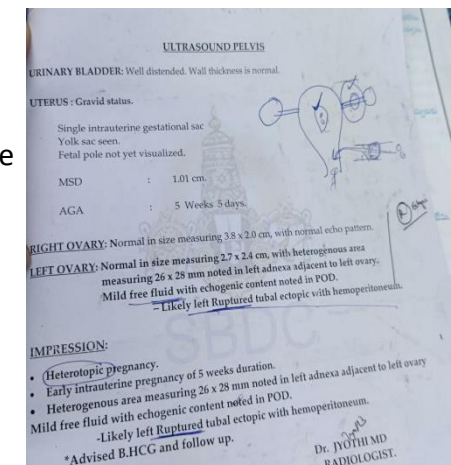
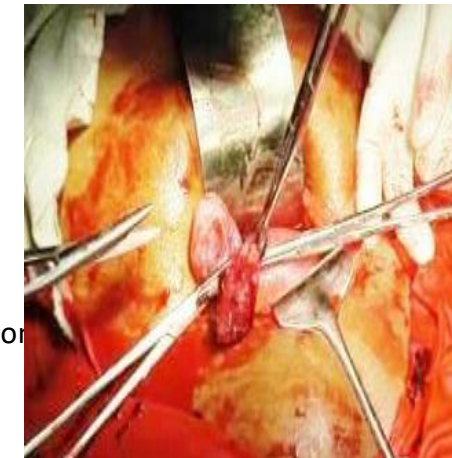
Spontaneous Heterotopic pregnancy is quite rare and the estimated incidence was 1 in 30000. However with assisted reproductive techniques this incidence increases to 1 in 100 pregnancies. There were number of risk factors for heterotopic pregnancy such as previous tubal damage, ectopic pregnancy and assisted reproduction technique like invitro fertilization, gamete intrafallopian transfer, and with pharmacological ovulation induction.

RESULT

This particular case was managed with laparotomy with left salpingectomy and intrauterine gestation of 5 weeks gestation continued till term with strict monitoring and planned elective c-section, delivered a female child with birth weight of 3kgs without any complications.

CONCLUSION

Heterotopic pregnancy though extremely rare, should be kept in mind even if an intrauterine pregnancy is diagnosed and can still result from natural conception, needs extra efforts to look for heterotopic pregnancy. High index of suspicion is to ensure for early and timely diagnosis and intervention which result in a successful outcome of intrauterine pregnancy.



REFERENCES

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