DOI: http://dx.doi.org/10.24327/ijcmes2017.07030003

Available online at http://journalijcmes.com

INTERNATIONAL JOURNAL OF CURRENT MEDICAL SCIENCES

RESEARCH ARTICLE

ISSN: 2320- 8147

International Journal of Current Medical Sciences- Vol. 7, Issue, 03, pp. 231-232, March, 2017

A RARE CASE OF CHRONIC ECTOPIC PREGNANCY

***Priscilla Poornima.B., Ankita Singh., Sangeerani.M and Mallika.A**

Department of Obstetrics and Gynaecology, Rajah Muthiah Medical College and Hospital, Annamalai University, Annamalai Nagar, Tamilnadu, India

A R T I C L E I N F O

Article History:

Received 5th, December, 2016,
Received in revised form 7th,
January 2017, Accepted 15th, Februray, 2017,
Published online 28th, March, 2017

Key words:

Ectopic, pelvic Mass, Haematosalpinx, Ultrasound.

A B S T R A C T

Ectopic pregnancy is defined as implantation and subsequent development of an embryo outside the uterine lining. It has wide range of presentation from acute haemoperitoneum to chronic ectopic pregnancy. This is a case of chronic ectopic pregnancy with haematosalpinx which presented as an acute ruptured ectopic pregnancy. A 26 year old $G_3P_2L_1$ with 6 weeks 5 days gestation presented to casually with complaints of lower abdominal pain for one day. Clinically the patient was haemodynamically stable with mild pallor. The abdomen was soft with diffuse tenderness. Uterus was bulky with fullness in the left fornix. Left fornicial tenderness and cervical motion tenderness was present. Ultrasound revealed a heterogenic mass in left adnexa. Left total salpingo-oophorectomy was done and histopathology revealed fallopian tube which was markedly oedematous in nature with areas of haemorrhage and blood vessels with bit of ovarian tissue.

INTRODUCTION

The entity of a chronic ectopic gestation has not been properly defined in the gynaecological textbooks. It is formed due to repeated haemorrhages in the gestation sac leading to disintegration and formation of a pelvic mass. A chronic ectopic pregnancy is often mild symptomatically and has a protracted course. Its clinical presentation can often be confused for pelvic inflammatory disease, endometriosis or uterine leiomyoma. [(1)]

CASE REPORT

26 year old south Indian women presented to casualty with complaints of lower abdopminal pain of one day duration. She was gravida 3 para 2 live 1 with previous 2 full term normal deliveries. H/o 1½ months amenorrhoea with minimal bleeding per vaginum for one day. These were no menstrual irregularities in the past. There was no history suggestive of prior pelvic infection or any tubal surgery. She was a non-smoker and she was not using any contraceptic methods.

On Examination, she was pale with pulse rate of 90/min and blood pressure of 110/70mmHg. Abdomen was scaphoid with diffuse tenderness all over the abdomen. On speculum examination, there was no bleeding through the os. Bimanual examination revealed bulky uterus with fullness in the left fornix. Left fornicial tenderness and cervical motion tenderness was present.

Investigation reports showed haemoglobin of 8.1gl/dl with platelet count of 2.47 lakhs/mm^3 Urine for human chorionic gonadotropin was weakly positive. Culdocentesis was done and 5ml of unclotted blood was aspirated suggesting ruptured ectopic pregnancy with fluid collection in the cul-de-sac (?blood).

Emergency laparotomy was done. Haemoperitoneum of about 50ml seen and about 250 grams of clots removed. Left haematosalpin was seen with a hematoma of about 10*8cm seen around the medial side of the left ovary. Left total salpingo-oophorectomy was done. One whole blood was transfused. Histopathological examination revealed fallopian tube which was markedly edematous with areas of haemorrhage and blood vessels with a bit of ovarian tissue.

DISCUSSION

Chronic ectopic pregnancy is a challenge for obstetricians because of its non-classical symptoms and limitation in diagnosis.

Haematosalpinx is defined as bleeding into the tubes. Tubal pregnancy is the most common cause of haematosalpinx. But it is rare for chronic ectopic pregnancy to present as haematosalpinx. Chronic ectopic

Corresponding author:* **Priscilla Poornima.B

Department of Obstetrics and Gynaecology, Rajah Muthiah Medical College and Hospital, Annamalai University, Annamalai Nagar, Tamilnadu, India

pregnancy causes small but recurrent bleed into the haematocoele. In certain conditions, this bleeding accumulates within the tube itself to form a haematosalpinx.(2)

Ultrasound plays an important role in diagnosing ectopic gestation. Further, positive urine HCG test and positive culdocentesis confirms the diagnosis. The most common appearance of a tubal ectopic is in the form of a heterogenous adnexal mass with or without the ipsilateral ovary seen separately.(3)

The natural history of ectopic pregnancy may vary. In some cases of trophoblast in regression, an early ectopic pregnancy may be in the process of spontaneous resolution and no intervention is necessary. Other women who may be asymptomatic and clinically stable with no signs of intra-abdominal bleeding and no apparent adnexal mass may experience a sudden rupture of a small gestational extra- uterine mass and quickly develop hypovolemic shock. Therefore management of chronic ectopic varies based on individual causes. With increasing awareness and training in laparoscopy, conservative surgery can be conducted by laparoscopy, even in rural areas.(4)

****

References

1. Daniel F Brennan, chronic ectopic pregnancy-two causes of acute rupture despite negative beta-HCG. *The journal of emergency medicine October* 2000, vol 19 (3): 249-254.
2. M.G.Porpora, Unsuspected chronic ectopic pregnancy in patient with chronic pelvic pain. *International journal of gynecology and obstetrics*, 1999.
3. Cem Turan. Transvaginal sonographic findings of chronic ectopic pregnancy. *European journal of obstetrics and gynecology*, 1996.
4. TW Brown. Analysis of ultrasonographic criteria in the evaluation of ectopic pregnancy. *American journal of roentgenology*. December 1978 vol 131 issue 6 967-971.