Case Report

Spontaneous Tubal Bilateral Ectopic Pregnancy; A Rare Case Report

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Abstract

One of the important causes of maternal mortality is a spontaneous bilateral ectopic pregnancy, which is a very rare form of ectopic pregnancy. Frequency is higher than a result of an assisted reproduction technique. Failure to diagnose bilateral ectopic pregnancy may lead to morbidity and mortality. Most patients will ultimately undergo surgical management.

Keywords: ectopic pregnancy, assisted reproductive treatment, Salpingectomy

Introduction

We present A 28-year-old, graved 2 abort1, presented to our hospital with a history of spotting and amenorrhoea for 6 weeks and 2 days. A urine pregnancy test had been done, which was positive. She had a history of spontaneous abortion due to ectopic pregnancy two years ago. In the past three months, the patient had received ovulation induction. Abdominal ultrasonography reported Simple cyst 64, 20, 23, and 27 mm in the right ovary and Simple cyst 56, 27&, 26, and 17 in the left ovary, which is in favor of OHSS. Cystic stricture 4mm with a ring of hyperechogenicity in the left ovary in favor of gestational sac

On examination, the blood pressure was 80/60 mmHg and the heart rate was 120-130 beats/minute. Also, scattered abdominal tenderness with guarding and rigidity were detected.

vaginal examination revealed a normal-sized uterus and a 2.5 x 2.5 cm tender mass in the left fornix, but the mild bleeding was passed through the cervical os.

Emergency laparotomy was performed where the left ovary was full of cysts. Approximately, 500 ml of blood was observed in the pelvic cavity. The left tube was the seat of a 2.5 x 2.5 cm. The ampullary region was a site of tubal ectopic pregnancy and abortion [Fig-1]. The uterus was normal in size. On inspection of the right tube, there was another mass of 3 x 3 cm in the ampullary region was seen that same near to rupture [Fig-1].

Salpingostomy was performed bilaterally and the extracted products of conception from both tubes were sent for histopathological examination.

The next day, the patient received a dose of 75 mg of methotrexate and she was discharged on day 3 in a stable situation with a warning for serial β-human chorionic gonadotrophin (β-hCG).

Her β-hCG was 11023 IU/L in the baseline but decreased to 2227 IU/L on day 5 and 112 IU/L on day 7. Therefore, 20 days after discharge, her β-hCG was undetectable.

Discussion

Spontaneous bilateral ectopic pregnancy is a very rare form of ectopic pregnancy and it is an important cause of maternal mortality [1, 2]. The incidence has been estimated as 5 in 1 million carriages [1].

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Its frequency is higher than the result of an assisted reproduction technique.

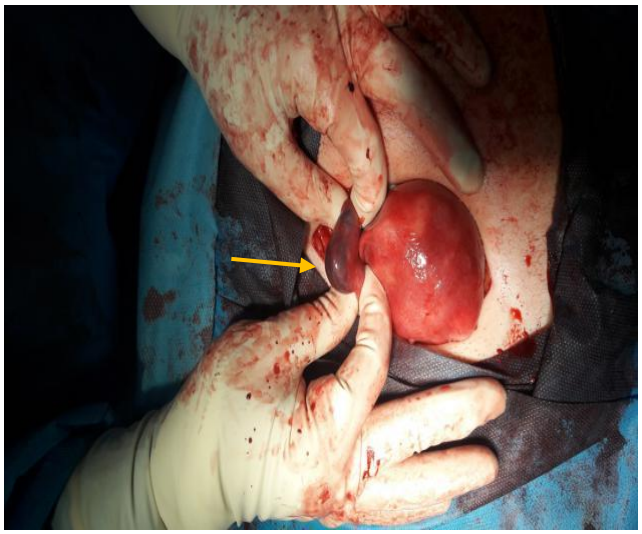
The prevalence of bilateral ectopic pregnancy is following in vitro fertilization (IVF) was 2.1 to 9.4% in all pregnancies [3, 4]. The risk of bilateral ectopic pregnancy is greater in patients with a family history of twinning or those who consume infertility drugs [5].

Failure to diagnose bilateral ectopic pregnancy may lead to morbidity and mortality. Most patients will ultimately undergo surgical management [1].

The diagnosis of bilateral ectopic pregnancy before surgery is difficult. Typically, the diagnosis is often made during surgery and measurement of β-hCG levels test is not useful [1, 6]. Indeed, a bilateral ectopic pregnancy is often asymptomatic and it is challenging to separate from pelvic pain due to controlled of ovarian hyperstimulation with medical treatment.

Ultrasound is not very sensitive in the diagnosis of bilateral ectopic pregnancy before surgery [7]. The type of treatment depends on the degree of injury to the tube and the requirement for imminent fertility [1]. One of the medical treatments for repeated injection of methotrexate into each tube is under transvaginal ultrasound supervision has been expressed, when it was diagnosed before operation [7]. To remove embryonic remains after laparoscopic two-sided salpingostomy, methotrexate is used at a dose of 50 mg/m2 for controlateral ectopic pregnancy [7].

Diagnostic and therapeutic laparoscopy, if available, is the best choice for the treatment of bilateral ectopic pregnancy. However, in patients with hemodynamic instability, laparotomy is the best course of action [8, 9]



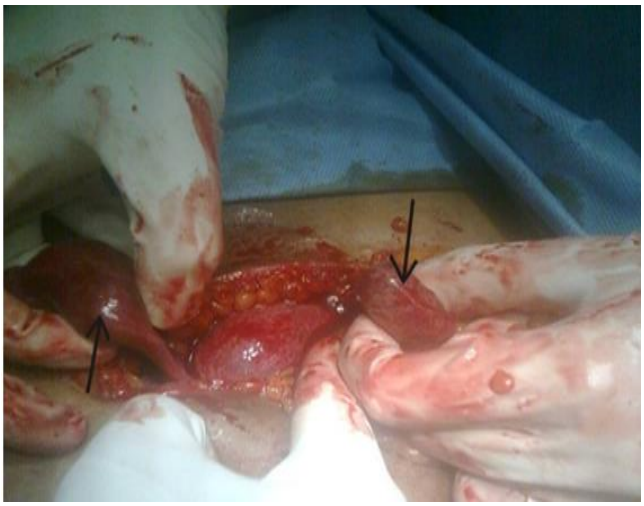


Fig. 1. Bilateral Ectopic Pregnancy

Conclusion

Although contralateral ectopic pregnancy occurs more often in people who use assisted reproductive techniques, it is rare yet very important in terms of morbidity and mortality. Diagnostic and therapeutic laparoscopy is the best choice for the treatment of bilateral ectopic pregnancy.

References

1. Andrews J, Farrell S. Spontaneous bilateral tubal pregnancies: a case report. Journal of Obstetrics and Gynaecology Canada. 2008 Jan 1;30(1):51-4.
2. Brady J, Wilson M. Spontaneous bilateral tubal ectopic pregnancy. Journal of the Royal Society of Medicine. 2005 Mar;98(3):120-1.
3. Fishback HR. Bilateral simultaneous tubal pregnancy. American Journal of Obstetrics & Gynecology. 1939 Jun 1;37(6):1035-7.
4. Shavit T, Paz-Shalom E, Lachman E, Fainaru O, Ellenbogen A. Unusual case of recurrent heterotopic pregnancy after bilateral salpingectomy and literature review. Reproductive biomedicine online. 2013 Jan 1;26(1):59-61.
5. Ghaffari F, Yazdi PE, Kiani K. A case report of bilateral tubal ectopic pregnancy following day 5 embryo transfer. Archives of medical science: AMS. 2011 Dec 31;7(6):1087.
6. Fishback HR. Bilateral simultaneous tubal pregnancy. American Journal of Obstetrics & Gynecology. 1939 Jun 1;37(6):1035-7.
7. FOX EJ, MEVS FF. Simultaneous Bilateral Tubal Pregnancies Report of 2 Cases. Obstetrics & Gynecology. 1963 Apr 1;21(4):499-501.
8. Frates MC, Doubilet PM, Peters HE, Benson CB. Adnexal sonographic findings in ectopic pregnancy and their correlation with tubal rupture and human chorionic gonadotropin levels. Journal of Ultrasound in Medicine. 2014 Apr;33(4):697-703.
9. Edelstein Mc, Morgan MA. Bilateral simultaneous tubal pregnancy: case report and review of the literature. Obstetrical & gynecological survey. 1989 Apr 1;44(4):250-2.