Case Report / Olgu Sunusu

Delayed diagnosis of a heterotopic pregnancy as a cause of acute abdomen: A case report

Geç Tanı Almış Akut Batına Neden Olan Heterotropik Gebelik: Olgu Sunumu

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ÖZET

Heterotropik gebelik, intrauterine ve ekstrauterin gebeliğin bir arada olduğu hayatı tehdit eden bir durumdur. Bu yazıda tanısı geç konulmuş bir heterotropik gebelik olgusu sunulmuştur. 31 yaşında ilk gebeliği olan hasta akut batın nedeniyle acil servise başvurdu. Klomifen sitrat ile ovulasyon indüksiyonu sonrası oluşan missed abortus ve geniş subkoryonik hematom alanı ile komplike 8 hafta ile uyumlu gebelik mevcuttu. Hastaya yaygın intraabdominal kanaması olması sebebiyle acil laparotomi uygulandı. Sağ tuba yerleşimli rüptüre ektopik gebelik izlenmiş olup ektopik gebelik eksizyonu ve dilatasyon küretaj uygulandı.

Heterotropik gebelikte geç tanı konulması maternal ve intrauterine yerleşimli fetus için fatal seyirli olabilir.

Anahtar Kelimeler: Heterotropik gebelik, gecikmiş tanı, akut karın

ABSTRACT

Heterotopic pregnancy is a life treating condition of intrauterine and extrauterine gestations which occur at the same time. We report a delayed diagnosed case of heterotopic pregnancy.

A 31 year-old primigravida was referred to our Emergency Gynaecology Service complicated by acute abdomen. She had been treated with clomiphene citrate and on admission intrauterine a missed abortion of about 8 weeks complicated by a large subchorionic hematoma was detected. Emergency laparotomy was performed because of diffuse intra-abdominal hemorrhage. A right-sided ectopic focus was recognized and excised, and dilatation - curettage was performed.

Delay in diagnosing the condition can be fatal to both the mother and the intrauterine fetus.

Key Words: Heterotopic pregnancy, delayed diagnosis, acute abdomen

Introduction

Heterotopic pregnancy is a condition characterized by implantation of one or more viable gestations into the uterine cavity while another one is implanted ectopically (1). The estimated incidence of heterotopic pregnancy is between 1/8000 and 1/30000 pregnancies but the incidence has increased to 1/100 – 1/500 due to assisted reproductive techniques (2). We report a case of ruptured heterotopic pregnancy at 8 weeks of gestation complicated by subchorionic hematoma, and managed with immediate laparotomy.

Case

A 31 year old primigravid woman was referred to our Emergency Gynaecology Service with the history of fertility treatment by Clomiphene Citrate with minimal vaginal bleeding and severe abdominal pain of last 7 hours duration. The patient was pale and afebrile with tachycardia (104bpm), hypotension (80/40mmHg), and abdominal examination revealed lower abdominal tenderness with mild distension. She had enlarged uterus corresponding to 12 weeks size of gestation, minimal vaginal bleeding from the uterine cervix and cervical tenderness in pelvic examination. Transvaginal ultrasound examination showed a missed intrauterine gestation of about 8 weeks complicated by subchorionic hematoma that occupied more than %50 of retro-placental area, and moderate amount of fluid in the peritoneal cavity. The patient underwent emergency explorative laparotomy. Approximately 1.5 liters of blood were evacuated from the peritoneal cavity. There was 3-4 cm ruptured right sided tubal pregnancy. The left tuba and both ovaries appeared normal. A partial salpingectomy was performed, and intrauterine non-viable pregnancy was terminated with dilatation - curettage. The histopathological evaluation confirmed the diagnosis of ruptured ectopic pregnancy in right fallopian tube and intrauterine pregnancy.

Discussion

Simultaneous existence of intra and extra-uterine pregnancies leads to several diagnostic pitfalls. The adnexa and surrounding structures are usually not imaged during obstetric ultrasound because the focus is on the intrauterine gestation (3). It is important to examine the entire pelvic region for pregnancy, especially in women who have been treated with assisted reproductive techniques or who have pelvic inflammatory disease or a history of pelvic surgery (4). Assisted reproductive technique is an important risk factor for development of heterotopic pregnancy, therefore teh rate of heterotopic pregnancies has increased over the last few years (5). This case had a pregnancy with treatment of ovulation induction using clomiphene citrate.

The ultrasound visualization of heart activity in both intrauterine and extrauterine gestations is important for diagnosis, but rare (6). It is also difficult to differentiate an anembryonic adnexal gestational sac from a hemorragic corpus luteal cyst. Considering spontaneous pregnancies, every physician treating women of reproductive age should be aware of the possibility of heterotopic pregnancy. Suspicion of heterotopic pregnancy should be higher in women with risk factors for an ectopic pregnancy and in pregnancies that have free fluid with or without an adnexal mass. In addition, regardless of the presence of any risk factors in pregnant women diagnosed with intrauterine pregnancy, adnexa and pelvic structures should be examined in detail. The detection of intrauterine pregnancy in the ultrasonography does not eliminate heterotropic pregnancy (7). In our case, she admitted to hospital with diffuse intra-abdominal hemorrhage. On the other hand, omental pregnancy can be rather difficult to identify. During surgical exploration, with intact tubes and ovaries, omentum should be checked as a possible implantation site (8).

In conclusion, the presence of intrauterine pregnancy may actually mask the ectopic component of a heterotopic pregnancy, resulting in delay of diagnosis. Delay in diagnosis of the condition can be fatal to both the mother and the intrauterine fetus. It should be noted, woman in first trimester of pregnancy with differential diagnosis of acute abdominal pain may have a heterotopic pregnancy.

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