



HETEROTOPIC PREGNANCY- A CASE REPORT

Pathology

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ABSTRACT

INTRODUCTION: Heterotopic pregnancy is a rare condition in which intrauterine (IU) and extrauterine pregnancies occur at the same time. **CASE REPORT:** A 28 yr old female with 2 months of amenorrhea presented with bleeding per vagina and lower abdominal pain. Per speculum and per vaginal examination reveals active bleeding. Ultrasound examination shows intrauterine sac without cardiac activity and fallopian tube mass, suggestive of ectopic. Patient was managed by laparoscopic right sided salpingectomy and dilatation and curettage of intrauterine products. Histopathological examination of D&C contents and salpingectomy specimen shows chorionic villi lined by cyto and syncytiotrophoblast with decidual tissue. **DISCUSSION:** Heterotopic pregnancy usually in unruptured ectopic does not produce any signs/symptoms. In few cases, lower abdominal pain, hematometra are usually seen. In cases of ruptured ectopic, patient will be presenting features of shock. **CONCLUSION:** Heterotopic pregnancy is a rare condition. It necessitates sharing such information as a case reports for new updates.

KEYWORDS

Heterotopic, pregnancy, fallopian tube

INTRODUCTION

Heterotopic pregnancy is a rare condition in which intrauterine (IU) and extrauterine pregnancies occur at the same time. It can lead to rupture of ectopic causing a state of shock, which will be a life threatening condition^[1].

CASE REPORT:

A 28 yr old female with 2 months of amenorrhea presented with bleeding per vagina and lower abdominal pain. The Obstetric history reveals present pregnancy is conceived by in vitro fertilization after 10 yrs of marriage. On general examination, vital parameters are stable. Local examination: per speculum and per vaginal examination reveals active bleeding. Right fornix tenderness is present. Ultrasound examination shows intrauterine sac without cardiac activity and fallopian tube mass, suggestive of ectopic. On investigation, hemoglobin is 8gm/dl, Total Beta HCG is 70,403 U/L. Final diagnosis of Primigravida with 10 weeks of gestation with Heterotopic pregnancy and active bleeding PV, suggestive of abortion. Patient was managed by laparoscopic right sided salpingectomy and dilatation and curettage of intrauterine products. Histopathological examination of D&C contents and salpingectomy specimen shows chorionic villi lined by cyto and syncytiotrophoblast with decidual tissue.

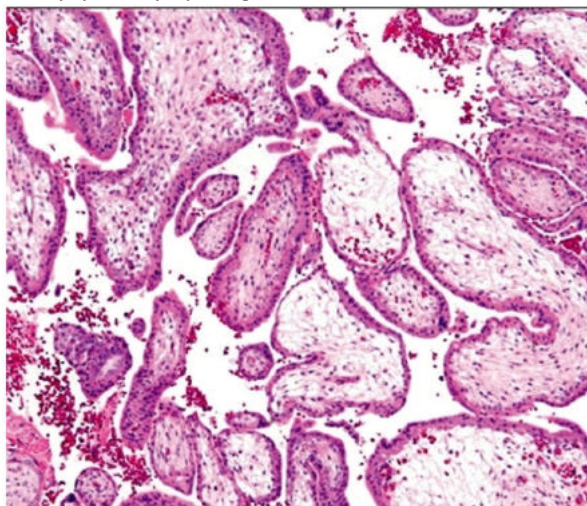


Figure 01: Section studied shows villi lined by cyto and syncytiotrophoblast admixed with decidual tissue. (H&E stain, 40X magnification)

DISCUSSION:

Heterotopic pregnancy is defined as presence of gestation sac within the uterus as well as outside the uterus. The site for extra uterine

gestation is fallopian tube, ovary and cervix. Risk factors are in vitro fertilization, Pelvic inflammatory diseases, previous tubal surgeries, previous ectopic pregnancy, ovulation induction drugs, In vitro fertilization and hydrostatic pressure generated during embryo transfer^[1].

Heterotopic pregnancy usually in unruptured ectopic does not produce any signs/symptoms. In few cases, lower abdominal pain, hematometra are usually seen. In cases of ruptured ectopic, patient will be presenting features of shock^[2].

Ultrasound examination is the ideal method for diagnosis of heterotopic pregnancy. Quantitative estimation of HCG also helps in diagnosing the ectopic component. Normally, atleast 53% of rise in HCG level is most commonly seen in intrauterine pregnancy. An abnormal rise in HCG suspects ectopic component^[3].

Differential diagnosis for Heterotopic pregnancy will be intrauterine gestation with hemorrhagic corpus luteum, Ectopic pregnancy with pseudo intra uterine gestational sac^[4,5].

The best way of management is to abort the ectopic and retain the intrauterine gestation. Drugs used for abortion are methotrexate, potassium chloride. Surgical modality includes laparotomy/laparoscopic salpingectomy or salpingostomy. The confirmation is done by histopathological evaluation of excised tissue.^[5,6,7]

CONCLUSION:

Heterotopic pregnancy is a rare condition. It necessitates to share such information as a case reports.

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