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A rare type of intact large ampullary pregnancy of alive fetus

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Abstract: Ectopic tubal pregnancy is a very rare to progress intact with alive fetus at 12 weeks gestation. The most reported cases of intact tubal pregnancy is between nine to ten weeks gestation. We report a woman of 36 years old from Shihr city, Hadramout governorate, G7P5+1 with previous history of cesarean section complaining from amenorrhea 12 weeks, left iliac fossa pain, slight intermittent vaginal bleeding associated with nausea and vomiting. Transabdominal ultrasonography revealed empty uterine cavity with single alive fetus about 12 weeks gestation in the left adnexa with well developed placenta and no hemoperitoneum. Laparotomy left salpingectomy of ampullary ectopic pregnancy was done. Intact tubal pregnancy is very rare to diagnose at longer duration of gestation so timely diagnosis and treatment helps to decrease the maternal complications.

Keywords: Tubal pregnancy; ampullary; unruptured; alive fetus.

1. Introduction:

Ectopic pregnancy is an implantation of a conception outside the normal uterine cavity. Ectopic pregnancy is a leading cause of maternal death at childbearing age worldwide, particularly in developing countries. Early recognition of the symptoms and signs of ectopic pregnancy is paramount to achieving positive patient outcome for diagnosis and management before rupture with possible hemoperitoneum and resultant hypovolemic shock (4).

Approximately 95% to 97% of all ectopic pregnancies occur within fallopian tube. Most common location for a tubal pregnancy is the ampulla (70%), followed by the isthmus (12%) and the fimbria (11%). However, ectopic pregnancies can also occur in other sites, as 3% to 5% of cases occur in the abdomen, cervix, ovary and cesarean scar(6).

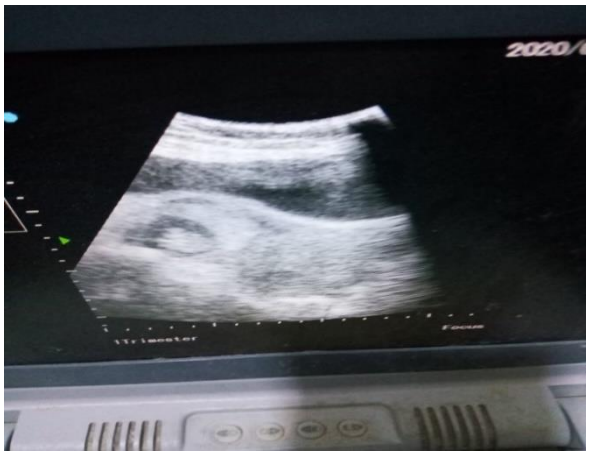
The aim of this case report is to determine a rare type of ectopic pregnancy and outline the implications for patient management.

Case report:

A 36 years old married woman from Shihr city, Hadramout governorate, Public Yemen. G7P5+1 (four living children) last delivery before 6 years by cesarean section due to placenta previa, without any medical history. Pregnant 12 weeks as proved by last menstrual period and serum pregnancy test, was seen at researcher's clinic complaining from left iliac fossa pain before 4 weeks then became slight and intermittent followed by minimal vaginal bleeding persist for 4 weeks associated with nausea and vomiting. Patient was conscious, afebrile and normal vital signs. On abdominal examination slight tenderness in the left iliac fossa, no abdominal guarding.

Blood investigations were done with normal hemoglobin level, transabdominal ultrasonography showed the uterus enlarged but empty uterine cavity with echogenic endometrium (decidual reaction), single alive fetus with normal cardiac activity and fetal movement seen in the left adnexal region with crown rump length correspond probably to 12 weeks gestation and placenta anterior (Figure 1 and 2), right adnexa and both ovaries were normal and no hemoperitoneum.

On Laparotomy there was intact large left ampullary pregnancy with gestational sac containing alive fetus and placenta, which was adherent to the posterior wall of the uterus so during manipulation the gestational sac was ruptured, alive fetus and placenta attached to the lumen of ampulla with minimal blood loss (Figure 3 and 4), left salpingectomy was done. Patient discharged from hospital on second day in good condition and postoperative course passed smoothly without any complications.



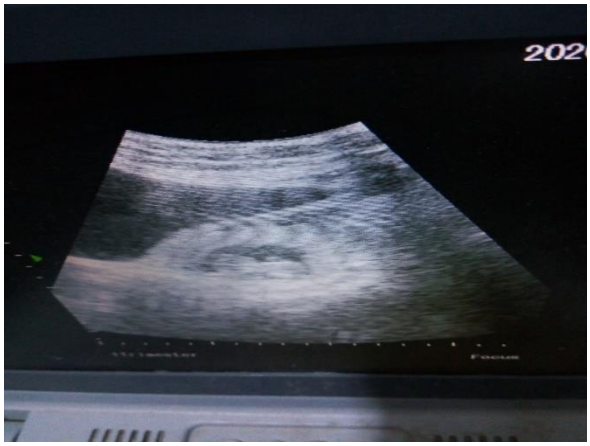


Figure (1) and figure (2): Transabdominal ultrasonography showing fetus at 12 weeks in the left adnexal region with placenta anterior and empty uterine cavity with no hemoperitoneum

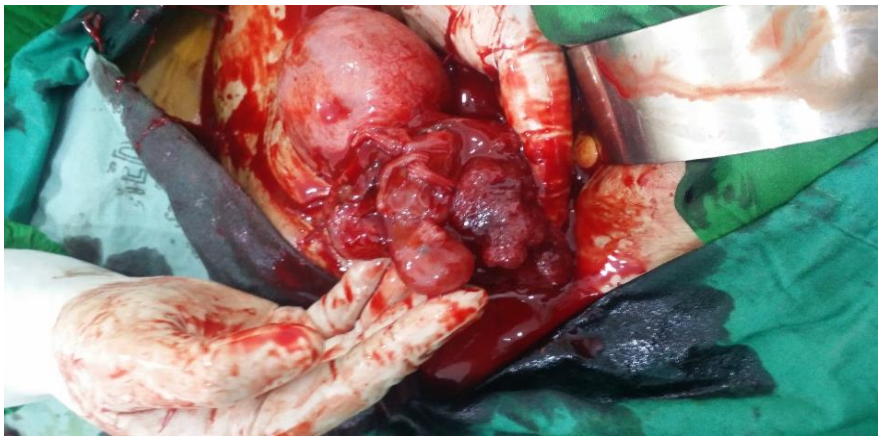


Figure 3: Laparotomy view of fetus and placenta

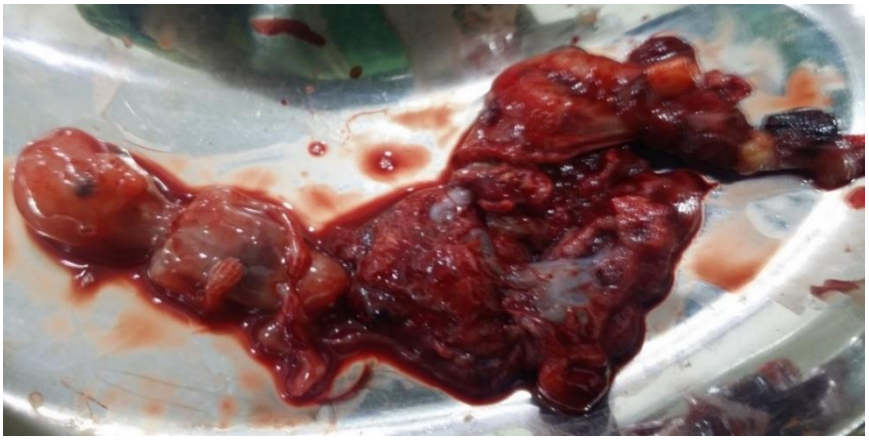


Figure 4: on gross examination fetus with eyes, limbs, and placenta of good size

Discussion:

The incidence of ectopic pregnancy has increased to 19.7 cases for every 1000 pregnant women (8).

The diagnosis of ectopic pregnancy needs a high index of suspicious for early management before rupture to decrease maternal complications. Approximately 50% of cases can be missed during an early clinical presentation (1). As the early symptoms and signs of ectopic pregnancy (amenorrhea, nausea, vomiting, abdominal pain, and vaginal bleeding) may mimic those of normal intrauterine pregnancy (9).

Diagnosis of unruptured ectopic pregnancies are difficult clinically because it may be asymptomatic. Transvaginal sonography is an important investigation for diagnosis the ectopic pregnancy by finding an empty uterine cavity, adnexal mass or gestational sac with an embryo outside the uterine cavity(3).

Usually, the ectopic pregnancy can be diagnosed early between six to eight weeks gestation and rarely to present intact beyond this gestational age (7).

The average duration of diagnosis unruptured ectopic pregnancy that showed in most studies is between nine to ten weeks. But in our case report we repot a case of intact ampullary pregnancy at 12 weeks gestation which is considered as longer duration than other reported cases. Study by Aryal et al in 2013 showed a case of unruptured ectopic pregnancy at 10 weeks of pregnancy (2). Similar to the study done by Ju R and Perretta et al in 2011 (5). Yeung and Pasic et al in 2008 reported a case of unruptured ectopic pregnancy at 9 weeks pregnancy (10).

The options of the management of intact ectopic pregnancies through Laparoscopy or laparotomy consists of either preserve of tube by salpingostomy or resection of tube by salpingectomy (1).Our case managed by salpingectomy similar to the other reported cases.

Conclusions:

Rarely tubal pregnancy can remain intact at longer duration of gestation. Ectopic pregnancy should be diagnosed as early as possible to minimize maternal death and preserve the tube to increase the rate of a normal intrauterine pregnancy in the next pregnancies. Therefore skilled clinician for recognition the suspicious cases of ectopic pregnancy with skilled sonographic in determining the rare types of ectopic pregnancy are invaluable for early diagnosis and management of ectopic pregnancy.

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حمل أنبوبي غير منفجر لجنين حي: تقرير لحالة نادرة

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الملخص: الحمل خارج الرحم من الحالات النادرة جدًا أن يتقدم مع جنين حي وفترة حمل أطول. يبلغ متوسط مدة تشخيص الحمل خارج الرحم غير المنفجر تسعة إلى عشرة أسابيع. نحن نبلِّغ عن حالة لامرأة تبلغ من العمر 36 عامًا من مدينة الشحر محافظة حضرموت وأم لأربعة أطفال أحياء مع تاريخ سابق لولادة قيصرية تشكو من انقطاع الطمث لمدة 12 أسبوعًا، وألم أسفل البطن من الجهة اليسرى، ونزيف مهبلي طفيف متقطع ومصاحب بغثيان وقيء. كشف التصوير بالموجات فوق الصوتية عبر البطن عن وجود تجويف رحمي فارغ مع جنين واحد على قيد الحياة حوالي 12 أسبوعًا من الحمل في الأنبوب الأيسر مع مشيمة متطورة بشكل جيد وبدون نزيف داخل البطن. تم إجراء استئصال كلي للأنبوبة مع الحمل الأمبولي غير المنفجر. الحمل خارج الرحم غير المنفجر نادرًا ما يحدث لفترة حمل أطول، لذا فإن التشخيص والعلاج في الوقت المناسب يساعدان في تقليل مضاعفات الأمهات.

الكلمات المفتاحية: الحمل الأنبوبي، أمبولي، غير منفجر، جنين حي.