



Ectopic pregnancy after hysterectomy may not be so uncommon: A case report and review of the literature☆



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ABSTRACT

Background: Ectopic pregnancy after hysterectomy is a very uncommon event, but its frequency is increasing. Since first reported by Wendler in 1895, 71 cases of post-hysterectomy have been reported.

Case: A woman, 2 years after an abdominal supracervical hysterectomy, presented with a ruptured fallopian tube ectopic pregnancy.

Conclusion: Any woman, even after hysterectomy but with ovaries in situ, who presents with an acute abdomen or abdominal–pelvic pain should be screened for pregnancy.

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1. Introduction

Ectopic pregnancy after hysterectomy is a very uncommon event, but its frequency is increasing. Since first reported by Wendler in 1895 [1], fifty-six cases of post-hysterectomy ectopic pregnancies were reported by this author in 2009 [2]. Since that publication, 11 subsequent cases have been reported, and other additional cases have been found through a bibliography review. The total published number of cases is now 71. This author has treated the 72nd (Table 1).

2. Case

A 32 year old woman, Gravida 5, Para 4, with a history of a prior abdominal supracervical hysterectomy presented with the acute onset of severe abdominal pain, nausea and vomiting, and vaginal bleeding. A pregnancy test was positive. A serum human chorionic gonadotropin level was 2279 mIU/ml. Her last delivery, 2 years prior, was her third cesarean, complicated by post-operative bleeding requiring abdominal re-exploration and an emergent supracervical hysterectomy. Very dense pelvic adhesions were described during this operation. Upon presentation she was found on abdominal ultrasound to have a large volume hemoperitoneum. Her abdomen was explored via laparotomy finding a ruptured, bleeding right fallopian tube ectopic pregnancy with a 2000 ml hemoperitoneum. The right fallopian tube and ovary were densely adherent to the residual cervical stump. The right adnexum

and the cervix were removed. Post-operative transfusion was required, but she recovered uneventfully.

3. Comment

Thirty of the now 72 cases of ectopic pregnancies after hysterectomy occurred in the immediate period after hysterectomy, “early presentation,” suggesting that a pregnancy, or a potential for pregnancy, existed at the time the hysterectomy was performed. An immediate pre-hysterectomy pregnancy test would not be expected to be positive under such circumstances, and an early pregnancy diagnosis would be unlikely. This has occurred after all types of hysterectomy [3–32]. This is presumed to occur because an unrecognized, preclinical (luteal phase) pregnancy existed at the time of hysterectomy: a preimplanted fertilized ovum was in transit and confined to the fallopian tube, or sperm was present within the fallopian tube when the hysterectomy was performed in a periovulatory period, allowing postoperative fertilization and tubal implantation.

Because the symptoms of ectopic pregnancy can be mimicked by common immediate complications after hysterectomy, such as protracted abdominal pain, pelvic hematoma formation, vaginal cuff infection, and vaginal bleeding, ectopic pregnancy is rarely expected in most cases until additional imaging or repeat operation confirms the diagnosis [2,22,26,27,29,30]. Therefore, the prevention of “early presentation” ectopic pregnancy after hysterectomy is the prevention of pregnancy before hysterectomy. As previously recommended, hysterectomy, like tubal sterilization, should be avoided in the luteal phase of the menstrual cycle in those women not previously sterilized or not using reliable contraception, unless no vaginal intercourse has occurred during the preoperative period. Women should be preoperatively counseled as such. Any woman who has undergone hysterectomy and

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Table 1
Pregnancy after hysterectomy.

	Year published	Type of hysterectomy	Time to diagnosis
<i>Early presentations</i>			
Knaus [3]	1937	vag	57 days
Girones [4]	1952	abd	53 days
Adams and Schreier [5]	1957	abd	86 days
Claus [6]	1959	abd	29 days
Smythe [7]	1961	abd	40 days
Graffagnino [8]	1963	vag	59 days
Ledger and Daly [9]	1963	abd	96 days
Moayer [10]	1965	vag	35 days
McDaniel and Gullo [11]	1968	vag	59 days
Wells [12]	1970	vag	39 days
Grunberger [13]	1971	vag	Unknown
Bruder and Vigilante [14]	1973	vag	54 days
Niebyl [15]	1973	vag	79 days
Alexander and Everidge [16]	1979	vag	41 days
Cocks [17]	1980	vag	26 days
Jackson [18]	1980	abd ^a	36 days
Buchan [19]	1680	abd	6 weeks
Zdravkovic [20]	1980	abd	5 weeks
Marut and Zucker [21]	1981	vag	55 days
Williams [22]	1981	abd	7 weeks
Zolli and Rocho [23]	1982	abd	15 weeks
Nehra and Loginsky [24]	1982	vag	30 days
Meizner et al. [25]	1982	abd	12 weeks
Arora [4]	1983	vag	47 days
Reese et al. [27]	1989	vag	24 days
Gaeta et al. [28]	1993	abd	2 months
Allen and East [29]	1998	LAVH	6 weeks
Weisenfeld and Guido [30]	2003	abd	12 weeks
Binder [31]	2003	vag	13 weeks
Fader et al. [32]	2007	abd	12 weeks
<i>Late presentations</i>			
Wendler [1]	1895	vag	6 years
Grigg [33]	1920	abd SC	1 year
McMillan and Dunn [34]	1921	abd SC	1
McMillan and Dunn [34]	1921	abd SC ^b	2
Weil [35]	1938	vag	5 years
Connors et al. [36]	1943	abd SC ^c	4 years
Brown and Shields [37]	1944	abd SC	1 year
Frech [38]	1948	vag	9 years
Lyle and Christianson [39]	1955	vag	11 years
Gordy and Otis [40]	1961	abd	14 months
Zaczek [41]	1963	abd	7 months
Hanes [42]	1963	vag	9 months
Kornblatt [43]	1968	vag	12 months
Altinger [44]	1973	vag	2 years
Sims and Letts [45]	1973	vag	2 years
Schnell and Sinn [46]	1982	vag	Unknown
Heidenreich et al. [47]	1983	vag	1 year
Salmi et al. [48]	1984	vag	3 years
Beuthe and Wemken [49]	1985	vag	Several years
Culpepper [50]	1985	vag	6 years
Casco et al. [51]	1992	vag	5 years
Isaacs et al. [52]	1996	vag	8 years
Adeyemo et al. [53]	1999	LAVH	2 1/2 years
Brown et al. [54]	2002	C-hyst	12 years
Pasic et al. [55]	2004	LSH	4 months
Nnochiri and Warwick [56]	2007	vag	1 year
Tagore et al. [57]	2007	abd	9 years
Babikian et al. [58]	2008	abd SC	3 years
Rosa et al. [59]	2009	vag	5 years
Fylstra [60]	2009	C-hyst	6 years
Barhate et al. [61]	2009	vag	2 years
Bansal et al. [62]	2010	abd SC ^d	4 years
Ramos et al. [63]	2010	vag ^e	5 months
Hitti et al. [64]	2010	abd SC ^b	7 years
Anupama et al. [65]	2012	abd SC	11
Friedman et al. [66]	2013	vag	5 years
Villegas et al. [67]	2014	abd SC	2
Anis et al. [68]	2013	abd SC	6 years
Cook and Davies [69].	2014	abd	2 years
Yesilyurt et al. [70]	2014	C-hyst	3 years

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