



Contents lists available at ScienceDirect

International Journal of Surgery Case Reports

journal homepage: www.casereports.com

Spontaneous live recurrent ectopic pregnancy after ipsilateral partial salpingectomy leading to tubal rupture



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ARTICLE INFO

Article history:

Received 30 September 2014

Received in revised form

18 December 2014

Accepted 20 December 2014

Available online 24 December 2014

Keywords:

Tubal

Ectopic

Ipsilateral

Salpingectomy

Recurrent

ABSTRACT

INTRODUCTION: Ectopic pregnancy accounts for 1–2% of all pregnancies in the United States. The most common site of implantation for an ectopic pregnancy is the fallopian tube. We present the first case describing a recurrent ectopic pregnancy with a fetal heartbeat after ipsilateral salpingectomy that led to tubal rupture.

PRESENTATION OF CASE: The patient presented with abdominal pain approximately six weeks after her last menstrual period. Seven years prior to presentation, a laparoscopic partial right salpingectomy had been performed for a tubal ectopic pregnancy. Physical exam was significant for diffuse abdominal tenderness and guarding. Ultrasonography revealed a right tubal pregnancy with a fetal pole and a fetal heart rate that was calculated to be 108 beats per minute. Free fluid was also noted. 1.5 l of hemoperitoneum was subsequently evacuated and the right fallopian tube remnant with the ectopic pregnancy was removed. Pathology of the tubal remnant showed immature chorionic villi and fetal parts.

DISCUSSION: The mechanism by which a recurrent ectopic pregnancy after ipsilateral salpingectomy occurs is unclear, but is theorized to be secondary to contralateral fertilization and/or tubal recanalization that may occur due to inadequate diathermy.

CONCLUSION: Physicians should be aware that ectopic pregnancies may not only occur repeatedly but may also present atypically. We recommend when performing a salpingectomy that efforts can be undertaken to minimize the length of the tubal remnant and to assure adequate coagulation of tissue so as to reduce the risk of recurrence.

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1. Introduction

Ectopic pregnancy accounts for 1–2% of all pregnancies in the United States and has been associated with 75% of deaths in the first trimester of pregnancy and 9–13% of all pregnancy-related deaths [1]. The most common site of implantation for an ectopic pregnancy is the fallopian tube [2]. Current surgical management typically consists of salpingostomy, fimbrial evacuation or salpingectomy. Appropriate management is critical in preventing complications. Tubal surgery has been reported to be the greatest risk factor for ectopic pregnancy. Other important risk factors include prior pelvic inflammatory disease, history of multiple sexual partners, smoking, intrauterine device use, prior spontaneous or induced abortion and assisted reproductive technology [3].

In this report, we present a case of a spontaneously conceived pregnancy with a fetal heartbeat in the fallopian tube remnant after ipsilateral salpingectomy. The spontaneous occurrence of a

pregnancy in a fallopian tube remnant after ipsilateral salpingectomy is exceedingly rare with fifteen cases that have been published in the literature. Even less common is the presence of a fetal heartbeat in such a pregnancy of which only one other case has been reported. This case bears the distinction of being the first reported of a spontaneous live recurrent ectopic pregnancy after ipsilateral salpingectomy that subsequently led to tubal rupture.

2. Presentation of case

A 27 year old G5P1031 presented to the emergency room with severe abdominal pain that started approximately six weeks after her last menstrual period. Past history consisted of a laparoscopic right salpingectomy that occurred seven years prior for a tubal ectopic pregnancy. This was followed by a normal spontaneous vaginal delivery, a spontaneous abortion and a left tubal ectopic pregnancy that was treated with methotrexate. On physical examination, the patient was normotensive but tachycardic. Abdominal examination was significant for diffuse tenderness and guarding. Pelvic examination indicated a normal-sized, anteverted uterus. No adnexal masses were palpated. Serum quantitative beta HCG was 9111 mIU/mL. Hemoglobin and hematocrit were 13.1 g/dL and

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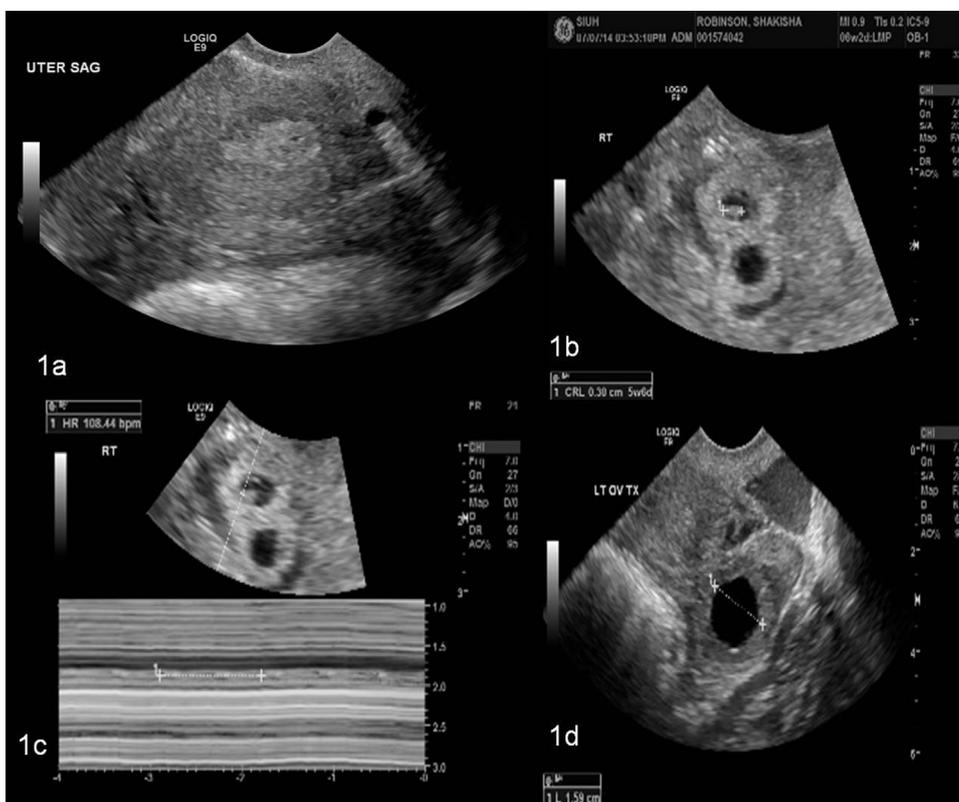


Fig. 1. (a) Sagittal view of uterus. No intrauterine pregnancy visualized. (b) Right tubal ectopic pregnancy with crown rump length of 0.3 centimeters, corresponding a gestational age of 5 weeks and 6 days. (c) Measurement of fetal heartbeat in right tubal ectopic is 108 beats per minute. (d) Left corpus luteal cyst was noted.

38.9%, respectively. Transvaginal ultrasonography confirmed the absence of an intrauterine pregnancy (Fig. 1a) and the presence of a right tubal ectopic pregnancy with a crown rump length of 0.3 centimeters, corresponding to a gestational age of 5 weeks and 6 days (Fig. 1b), and a fetal heart rate that was calculated to be 108 beats per minute (Fig. 1c). A left corpus luteal cyst and free pelvic fluid were also noted (Fig. 1d).

Laparoscopic evaluation revealed 1.5l of hemoperitoneum and evidence of a prior right salpingectomy and an ectopic pregnancy in the right proximal tubal remnant (Fig. 2a). The right ovary and left fallopian tube appeared normal. The left ovary appeared to have a corpus luteal cyst. Hemoperitoneum was evacuated. The right tubal remnant was resected (Fig. 2b). Postoperative course was uneventful and the patient was discharged on postoperative day 1. Pathology of the tubal remnant showed immature chorionic villi and fetal parts.

3. Discussion

Although pregnancies in the fallopian tube account for 95% of all ectopic pregnancies, an ectopic pregnancy in the fallopian tube remnant after ipsilateral salpingectomy is exceptionally rare and may portend serious complications [4]. Isthmic pregnancies are considered to be gynecologic emergencies and are associated with mortality rates of 2.0–2.5%, substantially higher than the rate of 0.14% associated with other ectopic pregnancies [5]. This high mortality rate may be attributed to the inability of this portion of the fallopian tube to distend and the increased vascularity in this area given the presence of anastomoses between the uterine and ovarian arteries [6]. Table 1 shows a list of reported cases of recurrent tubal ectopic pregnancies after ipsilateral salpingectomy based on a PUBMED search using the search words, “ectopic pregnancy after

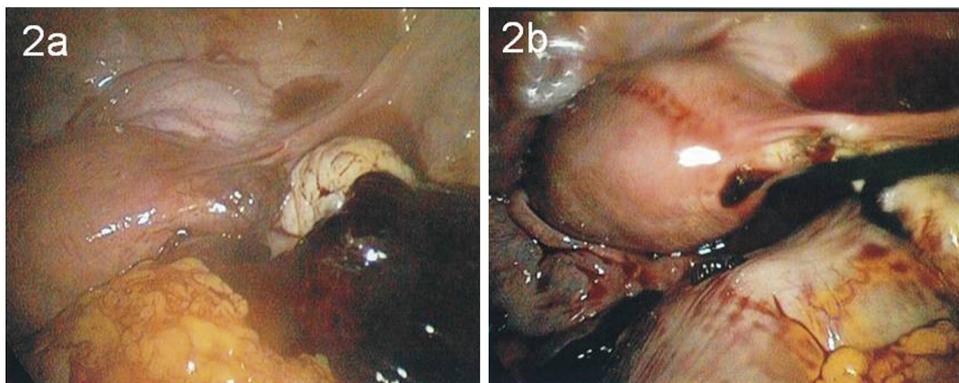


Fig. 2. (a) Laparoscopy confirmed an ectopic pregnancy within the remnant of the right fallopian tube. Hemoperitoneum is also present. (b) Right aspect of uterus after removal of fallopian tube remnant.

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