CASE REPORT: SPONTANEOUS HETEROTOPIC PREGNANCY

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BACKGROUND

Heterotopic pregnancy (HTP) describes co-existing intrauterine and extrauterine gestations and is as rare as 1 in 30,000 spontaneous conceptions. [1] Most cases are associated with a history of ART/IVF, with a prevalence of 1 in 100, or tubal disease. [1] Clinicians are faced with a challenge as HTP diagnosis is often masked by the presence of an intrauterine pregnancy, and misdiagnosis is associated with significant maternal morbidity and mortality.

CASE

A 36-year-old G2P1 woman presented at k5 with severe abdominal pain radiating to her shoulder on a two week background of vaginal spotting and cramps. She had one previous spontaneous vaginal delivery only, otherwise a non-smoker with no prior ectopics, endometriosis or pelvic inflammatory disease. Her existing beta-hCG levels, done every three days, had been rising inappropriately (1300 to 1740 to 5241). However, no ultrasound had been ordered. On examination, she was haemodynamically stable (BP 112/71, HR 80) with guarding in the lower left abdominal region.

Transvaginal ultrasound showed an intrauterine gestational sac and yolk sac with no foetal pole, left adnexal avascular mass (29x26x22mm) between left ovary and uterus, heterogeneous region adjacent appearing like congealed blood (40x38x22mm), and large pelvic free fluid (52x31x28mm).

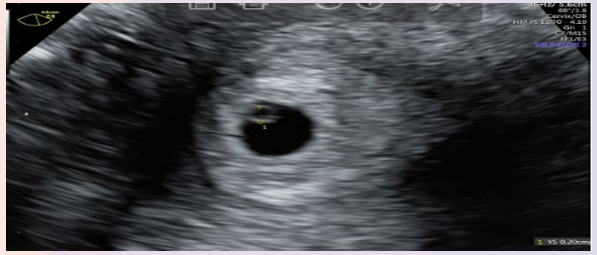

Figure 1. Ultrasound: intrauterine gestational sac and yolk sac

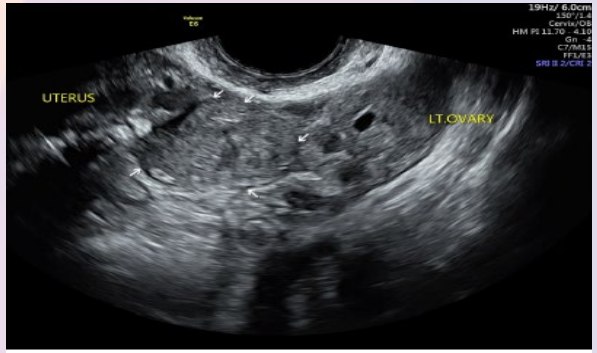

Figure 2. Ultrasound: left adnexal mass

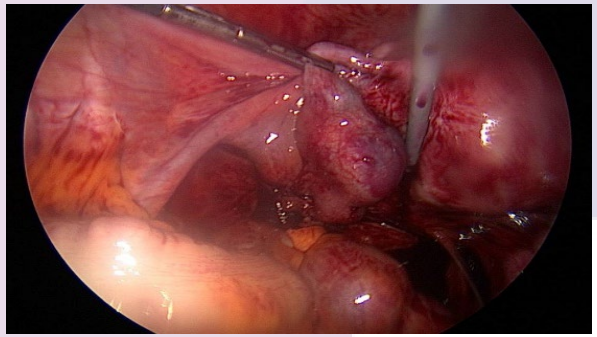

Figure 3. Laparoscopy: ruptured left tube and haemoperitoneum

The diagnosis was HTP, and the patient underwent an emergency laparoscopic left salpingectomy. 100mL haemoperitoneum and ruptured left tube were identified. Histopathology confirmed a ruptured left intratubal pregnancy.

Transvaginal ultrasound five days after confirmed an intrauterine pregnancy with cardiac activity, consistent with the diagnosis of HTP.

DISCUSSION

This case reiterates the importance of considering HTP in low-risk women who present with signs clinically concerning for an ectopic, even if an intrauterine pregnancy has been confirmed. The role for early ultrasound in the presence of abnormally rising beta-hCG's is also highlighted. As complications include intraabdominal bleeding, maternal death and miscarriage,[2] early diagnosis is critical to safeguard the intrauterine pregnancy and prevent maternal morbidity and mortality from ectopic rupture and surgical intervention (e.g. laparotomy).

REFERENCES

1. Kajdy, A., Muzyka-Placzyńska, K., Filipecka-Tyczka, D. *et al.* A unique case of diagnosis of a heterotopic pregnancy at 26 weeks – case report and literature review. *BMC Pregnancy Childbirth 21.* 2021 [cited 2021 Dec 29]; 61. Available from https://doi.org/10.1186/s12884-020-03465-y

2. OuYang Z, Yin Q, Xu Y *et al.* Heterotopic cesarean scar pregnancy: diagnosis, treatment, and prognosis. *J Ultrasound Med*. 2014 [cited 2021 Dec 29]; 33:1533–1537. Available from https://pubmed.ncbi.nlm.nih.gov/25154932/ DOI: 10.7863/ultra.33.9.1533