

False reassurance and diagnostic pitfalls in heterotopic pregnancy: a case study

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1. Background: Heterotopic pregnancies are rare but dangerous. The presence of an intrauterine pregnancy can lead to false reassurance, misdiagnosis and potential poor outcomes. The incidence of these pregnancies in spontaneous conception is about 1 in 30,000, and are usually associated with contraceptive technologies, pelvic inflammatory disease and previous ectopic pregnancies.

2. Aims: This case aims to review the pitfalls of diagnosing a heterotopic pregnancy

3. Case: We describe a 29-year-old primigravid who presented to the emergency department with a spontaneous heterotopic pregnancy at 6+0weeks gestation, with abdominal pain and vaginal bleeding.

5. Discussion: Increased use of ultrasound has aided the diagnosis of this rare condition, but it can also offer false reassurance when an intrauterine pregnancy is detected. Clinicians should always consider the possibility of a heterotopic pregnancy and not rely on the detection of an intrauterine pregnancy to exclude an ectopic.

4. Results: The initial ultrasound demonstrated a single live intrauterine-pregnancy and failed to diagnose the left ectopic pregnancy. The patient was discharged and treated as a threatened miscarriage.

She then re-presented the next day to the emergency department with constant abdominal pain exacerbated by bowel motions. Serial ultrasound demonstrated increased free-fluid in the pouch of Douglas and an ill-defined echogenic region in the left adnexa. Blood tests showed a haemoglobin drop of 124g/L to 115g/L. A diagnostic laparoscopy turned salpingectomy demonstrated a dilated left fallopian tube and histopathology confirmed products of conception.

Abdominal ultrasound performed on second admission

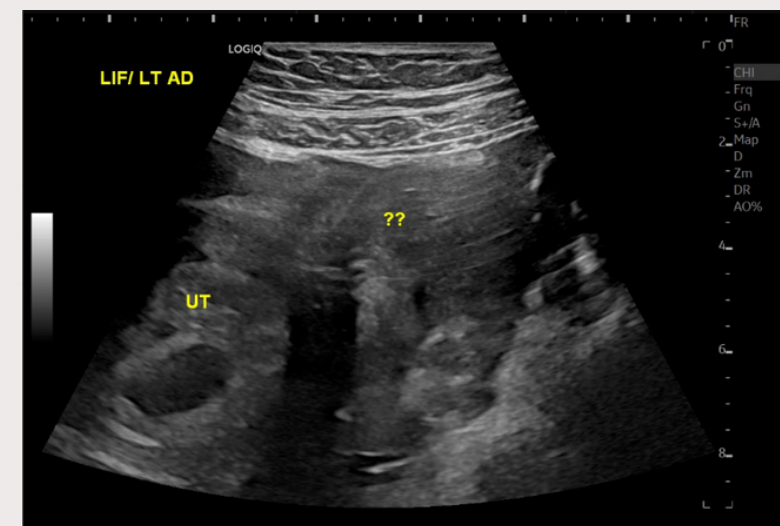


Figure 1. Heterogeneous ill-defined echogenic region in the left adnexa

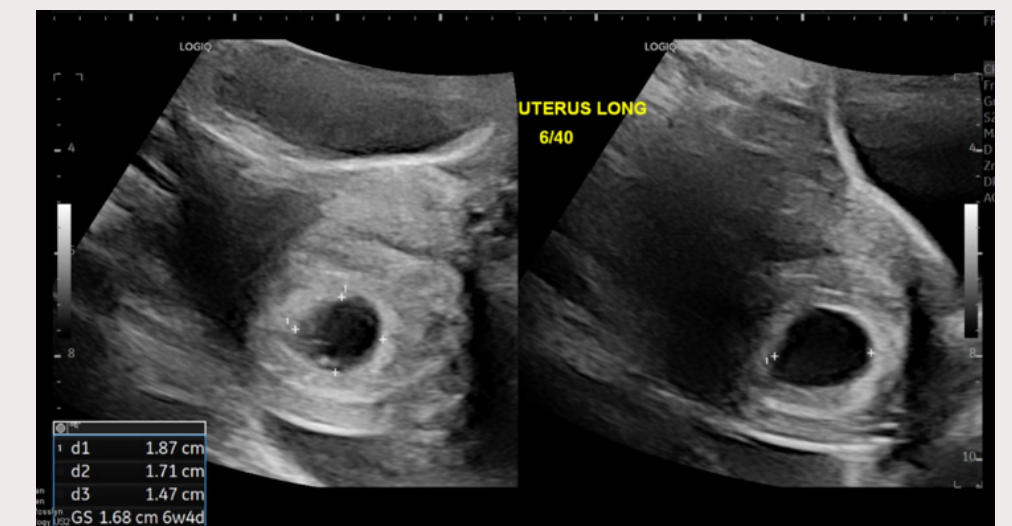


Figure 2. Intrauterine pregnancy with gestational sac measuring 17 mm at 6/40weeks gestation

A repeat post-operative ultrasound confirmed a viable intrauterine pregnancy and a live male infant was delivered by normal vaginal birth with ventouse assistance at 38+6 weeks.