

# A rare case of progressive DCDA twin pregnancy following removal of right sided corpus luteal mass masquerading as an ectopic pregnancy in letrozole induced conception

S. McCredie | A. Mahadik | Bankstown Lidcombe Hospital



Health  
South Western Sydney  
Local Health District

**Background:** The diagnosis of an ectopic pregnancy can be challenging in very early pregnancy especially with low  $\beta$ -HCG levels (when location and viability of the gestational sac may be difficult to ascertain). Management options in these patients when a corpus luteal/haemorrhagic solid/cystic adnexal mass may masquerade as an ectopic pregnancy should be carefully evaluated in an acute setting when conservative management with serial  $\beta$ -HCG's is not considered an option

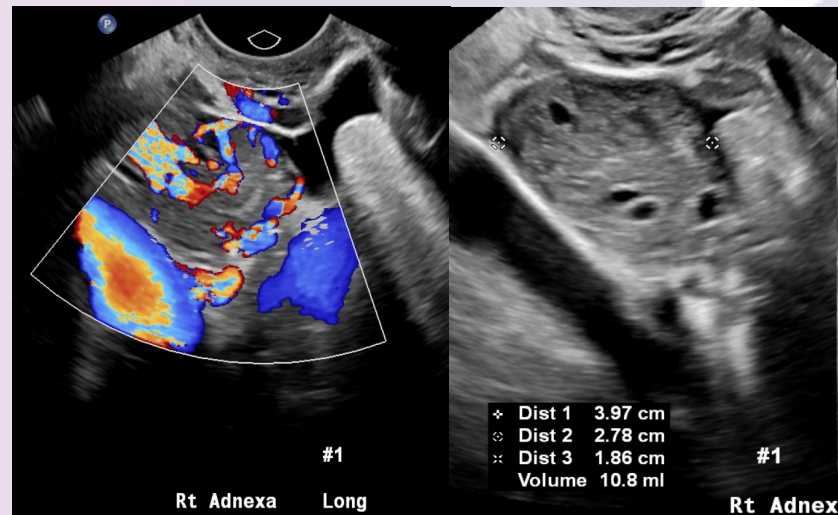
**Aim:** To describe the case of an Letrozole induced DCDA twin pregnancy in a patient presenting in early pregnancy with acute lower abdominal pain and masquerading as an ectopic pregnancy.

**Case:** A 29-year-old Nullipara presented to her local emergency department with 1 week history of lower abdominal cramping and PV spotting at 4 weeks gestation, on a background of Letrozole treatment for Subfertility and PCOS. She had mild lower abdominal tenderness and a serum  $\beta$ -hCG of 249.

A TV pelvic Ultrasound scan (figure. 1) demonstrated an empty uterus, a left-sided corpus luteal cyst and a 2.9 cm right adnexal mass with colour flow, suggestive of a right-sided ectopic pregnancy, in addition to a small amount of free fluid in her pelvis.

**Results:** A diagnostic Laparoscopy demonstrated a left sided corpus luteum and the right adnexal mass lying close to the right ovary with normal appearing bilateral fallopian tubes. A right ovarian ectopic was suspected and removed. Histopathology later demonstrated that the removed tissue was consistent with a corpus luteum with no evidence of products of conception. She was followed up in the early pregnancy clinic and noted to have an appropriately rising  $\beta$ -hCG with two sac like Intrauterine structures noted on a TV scan a week later. Progesterone support was commenced and follow up demonstrated a progressively viable DCDA twin pregnancy.

Figure 1. TV Ultrasound of right adnexa



**Discussion:** In this case, what was suspected to be an ectopic pregnancy on Ultrasound scan was in fact a second corpus luteum. It therefore highlights the importance of careful consideration of diagnostic results and caution with interpretation of imaging in women with low  $\beta$ -hCG levels, especially in the context of ovulation induction, to avoid erroneously diagnosing ectopic pregnancies.