

A rare case of missed interstitial ectopic leading to uterine rupture: a case study

L Gilchrist

Royal Prince Alfred Hospital & Dubbo Base Hospital

Background: Interstitial pregnancy (IP) is a rare type of ectopic that implants in the interstitial portion of the fallopian tube. Historically, IP was synonymous with 'angular pregnancy' however this term is now abandoned.

Sonographically IP can be diagnosed on 2D-ultrasound with the 'interstitial line sign' (an echogenic line displaying where the gestational sac meets the lateral aspect of the uterine cavity).

Aim: This case aims to remind clinicians of the diagnostic features of IP through a missed IP on ultrasound

Results: Emergency diagnostic laparoscopy was performed which demonstrated a uterine rupture, ~1cm from left tube (figure 2), with the foetus encaul (figure 1) in abdomen and a 3L hemoperitoneum.

The women's tubes, ovaries and uterus appeared anatomically normal and were preserved (figure 2).

Case: We describe a 36yo G2P1 who presented at 10+3 weeks gestation with a ruptured IP requiring massive transfusion protocol and emergency laparoscopic uterine repair.

The woman initially presented with lower abdominal pain and nausea to the ED where she was discharged with a plan for formal ultrasound the next day. She had the formal ultrasound 5 days later which reported a single, live intrauterine gestation with no free fluid or obvious adnexal masses.

The woman then re-presented to the ED 12 hours later with sudden onset abdominal pain, syncope and haemodynamic instability.

Discussion: Interstitial pregnancy is a rare form of ectopic pregnancy which has a high mortality rate due to rupture at a later gestation.

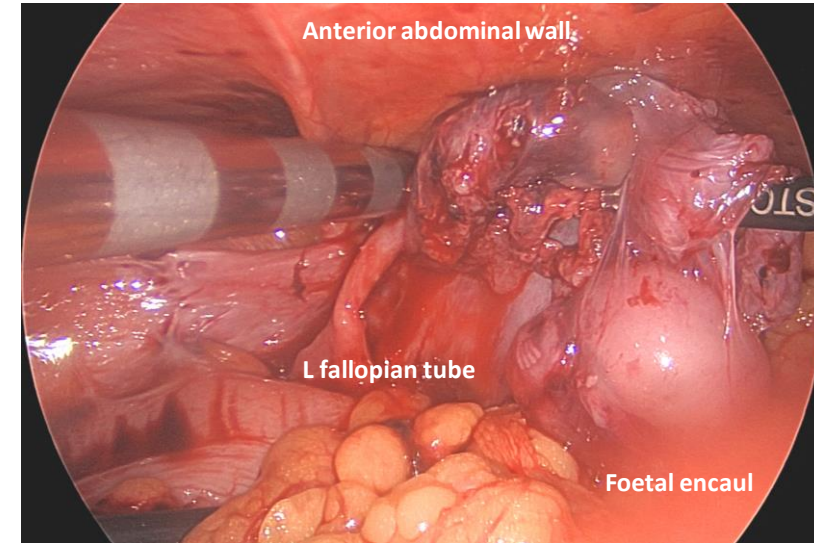


Figure 1 (above): Foetal Encaul shown in abdomen
Figure 2 (below): Normal fallopian tube and uterine rupture

