Spontaneous Heterotopic Pregnancy in an Unintended Pregnancy

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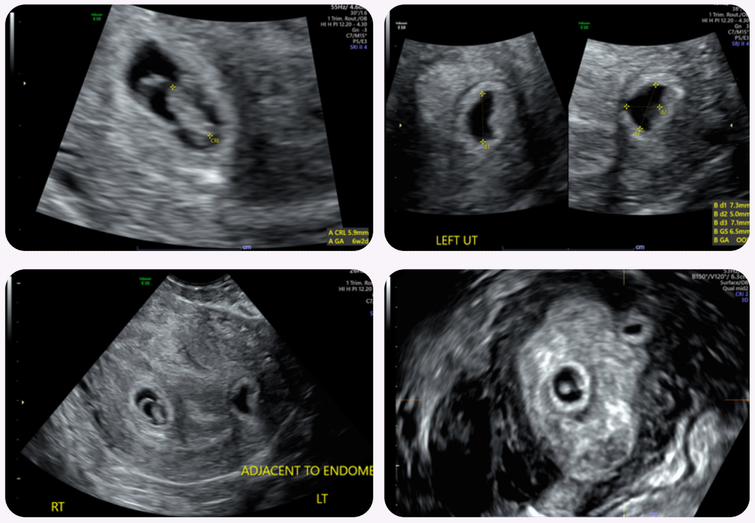
Background

Heterotopic pregnancy, defined as the coexistence of intrauterine and ectopic pregnancies, is rare in spontaneous conception. Risk is increased with assisted reproductive techniques, pelvic inflammatory disease and prior ectopic pregnancy. A high index of suspicion is required for time diagnosis and appropriate intervention.

Aims

To highlight the importance of early diagnosis and management considerations in heterotopic pregnancy.



Abbreviations:
IU: Intrauterine
GS: Gestational sac
YS: Yolk sac
MSD: Mean sac diameter
FHR: Fetal heart rate
MTX: Methotrexate
Lap: Laparoscopy

Case

A 28-year-old G1P0 with a spontaneous, unplanned pregnancy was referred at 7 weeks' gestation with a pregnancy of unknown location (β-hCG of 1980 IU/L).

Ultrasound demonstrated an IUGS of 4.2mm with a YS and a concurrent left cornual ectopic measuring 5.5mm without YS. The cornual ectopic has a surrounding decidual reaction and was positioned 1mm from the overlying myometrium with no uterine bulge. Given concern for heterotopic pregnancy and prior decision for termination of pregnancy, MTX was administered following counselling. Serial β-hCG initially declined appropriately.

On day 18 post MTX, she represented with left lower abdominal pain and rising β-hCG. Ultrasound demonstrated a live IU pregnancy and a persistent left interstitial GS. Diagnostic laparoscopy with suction curettage was performed. No adnexal ectopic pregnancy was identified; products of conception were obtained from the intrauterine cavity.

	Ultrasounds	βHCG	Intervention
6w0d	8mm sac on the left side of the endometrium ?tube ectopic	80	bHCG track
6w2d		202	
7w0d	Suspicious for heterotopic pregnancy with L) cornual ectopic - IUGS 4.2mm with YS. Additional GS at L) cornual region (MSD 4.2mm).	1980	D1 MTX
7w3d		3900	D4 MTX
8w0d	IUGS 6.7mm, CRL 1.7mm, no FHR. No obvious GS in the left cornua.	3070	D7 MTX (22% drop)
9w0d		2030	D14 MTX
9w4d	SLIUP (6w2d). 2nd GS at L) interstitial region with decidual reaction (MSD 6.5mm).	2230	Diagnostic lap and suction
10w0d		97	
10w1d		52	
11w1d		2	

Results

Post-procedure β-hCG declined to negative. Histopathology confirmed products of conception, and the suspected interstitial lesion resolved on follow-up imaging.

Discussion

This case highlights the complexity of managing heterotopic pregnancy. Management is influenced by pregnancy intention, ectopic location, and treatment limitations. Careful counselling, individualised management, and patient compliance are essential for safe outcomes.

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