

## BACKGROUND

Heterotopic pregnancy is a rare phenomenon whereby there is simultaneous presence of an intrauterine and extrauterine pregnancy. It occurs in approximately 1 in 30,000 spontaneously conceived pregnancies, with higher rates reported in pregnancies resulting from assisted reproductive technology. Management of heterotopic pregnancy is automatically more complex and high risk than that of single intrauterine gestation.

# CASE

A healthy 35 year old multiparous woman with a background of three spontaneous miscarriages and one partial molar pregnancy was referred to the emergency department due to concern for ectopic pregnancy. The patient had experienced early pregnancy bleeding after a non viable intrauterine pregnancy was confirmed on ultrasound, with a follow up ultrasound showing an empty uterine cavity. However, the HCG level collected at the time of the second ultrasound showed a value that was triple that of the previous sample collected nine days prior.

#### AIMS

The aim of this study is to describe the diagnosis and management of a rare case of heterotopic pregnancy.

# RESULTS

Work up in the hospital emergency department revealed a 13% increase in the HCG level collected two days from the previous sample, and a left adnexal mass suggestive of a tubal ectopic pregnancy. The patient underwent a laparoscopic removal of ectopic pregnancy, with operative and histological findings confirming the diagnosis.

# DISCUSSION

This case highlights the importance of HCG monitoring in completing the clinical picture in early pregnancy management. Appropriate HCG monitoring of pregnancies of uncertain location, viability, or number, reduces the likelihood of life threatening pathologies going undiagnosed and untreated.

#### FIGURE 1 | Left Adnexal Mass on Ultrasound



### FIGURE 2 | Laparoscopic Images of Ectopic Pregnancy



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