A case series of pelvic ectopic pregnancies- a rare form of ectopic pregnancy

H.K.M.Murday [1], I.K.Nicholson [1], J. Keane[1,2]

Background

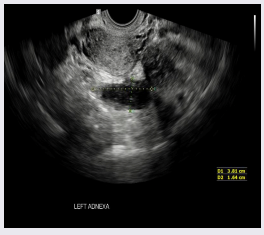
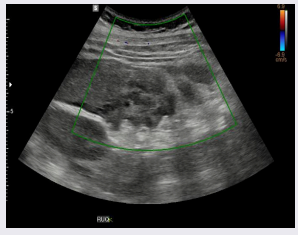
Abdominal pregnancy is a rare form of ectopic pregnancy where a fertilised ovum implants within the peritoneal cavity. The literature is limited to case reports due to rarity and includes both medical and surgical management.

Aims

To contribute to the literature review and to discuss workup, diagnosis and management of two cases of abdominal pregnancies at two large metropolitan hospitals.

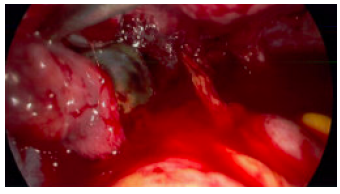
Cases

Two cases of first-trimester abdominal ectopic pregnancies managed surgically and tracked to resolution with serial beta hCG quantification

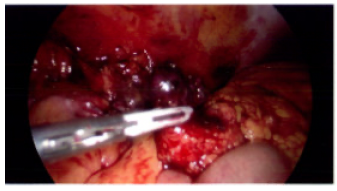
	Patient A	Patient B
Age, parity, past history	27, P1, PHx asthma, bipolar disorder	40yo, P3, PHx hepatitis C
Presentation	Abdominal pain, vaginal bleeding	Abdominal pain
Pathology	Hb 125 BHCG peak 2819	Hb 112 BHCG peak 2850
Ultrasound	Bilateral adnexal complexes, measuring up to 74mm, and no free fluid in the abdomen. 	Large volume hemoperitoneum and pregnancy of unknown location (PUL). 

Results

Both patients were managed surgically via operative laparoscopy. Patient A was found to have ectopic tissue implanted in the pelvic side wall with adhesions, suspected as secondary abdominal pregnancy after a tubal abortion. The second patient was found to have a likely primary greater omental ectopic pregnancy. Histology analysis of both specimens demonstrated ectopic pregnancy tissue without evidence of gestational trophoblastic disease(GTD). Patient A received a BHCG result of 2(negative) at day 18 post operatively and patient B received a result of <2(negative) at day 30.



Patient A: Ectopic pregnancy then overlying the entire ovarian fossa. Gentle dissection to find plane and bluntly peel away pregnancy from much of sidewall. Unable to safely find a plane to remove layer of trophoblastic tissue from omentum and sigmoid - left intact.



Patient B: Copious organised clot and haemoperitoneum extending to right paracolic gutter and liver- approx 600mls. Right paracolic omental adhesion and organised clot.
Right greater omental ectopic pregnancy.

Discussion

These two cases demonstrate the challenges with sonographic diagnosis of abdominal ectopics, and the importance of clinical suspicion. Confirmation by histological diagnosis and BHCG tracking is important to evaluate for GTD and complete removal of pregnancy tissue. Patient recommendations included early review and ultrasound for subsequent pregnancies.

Affiliations:
1. Monash Health; 2. Monash University