

Background

Heterotopic ectopic (HE) pregnancy is the synchronous presentation of an intrauterine and extrauterine pregnancy. It is more commonly associated with assisted reproduction¹. Spontaneous HE pregnancy is thought to occur in 1:30000 births² and carries a significant risk of morbidity and mortality.

Case Description

22-year-old gravida 2 parity 0 woman presented to the emergency department with lower abdominal pain and syncope in the setting of a confirmed intrauterine pregnancy 8+4 weeks gestation of spontaneously conception.

On examination she was vitally stable but tender in the right lower quadrant. Her blood test showed a beta HCG of 217000 and hemoglobin drop of 12 points. A Pelvic ultrasound demonstrated large volumes of free fluid with echo reflective material, a non-specific complex material noted adjacent to the right ovary raising the suspicion of a HE pregnancy.

The patient was taken for emergent diagnostic laparoscopy which subsequently demonstrated ruptured right HE pregnancy and a salpingectomy performed with an estimated blood loss of 450mL.

The author went on to perform the baby check on the patient's liveborn male

8 months later following a caesarean section at 40+6 weeks gestation for labour dystocia.

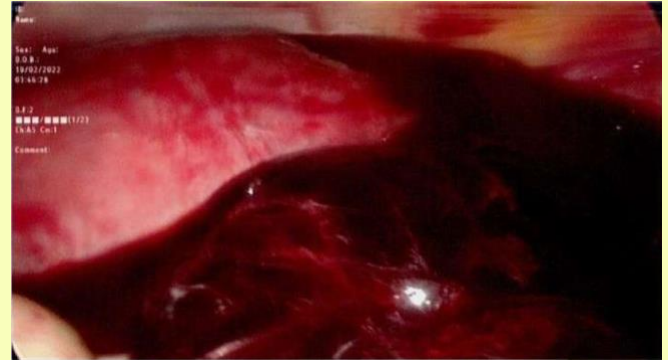


Figure 1: Haemoperitoneum on entry into the abdomen

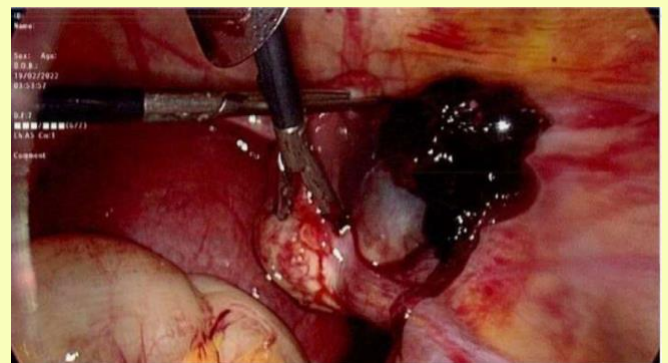


Figure 2: Identification of the right ruptured heterotopic ectopic pregnancy adjacent to a gravid uterus

Discussion

The case highlights the importance of maintaining a broad differential list when reviewing abdominal pain in early pregnancy and not to exclude the possibility of ectopic with an already confirmed intrauterine pregnancy. Furthermore, the case is a reminder of the privilege and joy that comes with continuity of care in the field of obstetrics with a favourable outcome for both mother and baby.