A Diagnostic Dilemma: A case of heterotopic pregnancy post salpingectomy

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Background: Heterotopic pregnancy occurs where multiple gestations arise in the different implantation sites. It is extremely rare, occurring in less than 1 in 30000 pregnancies. It may be life-threatening as diagnosis is easily missed.
Aims: To present a case of suspected heterotopic pregnancy diagnosed as a intrauterine pregnancy (MCMA pregnancy) and a L) tubal ectopic pregnancy.

Case: 32F G6P2M3 presented with abdominal pain, bleeding and a positive HCG diagnosed with a L) tubal ectopic pregnancy.

Results:
Initial BHCG was 1300, with USS findings showing a Left adnexal mass measuring 19x19x14, free fluid in the abdomen and an empty uterus.
The patient proceeded to have a L) salpingectomy which showed a tubal ectopic and hemoperitoneum.
7 days post operation, patient presented with severe abdominal pain and PV spotting. USS results showed an early intrauterine pregnancy consistent with MCMA twins and a rising HCG (10000). She was admitted, monitored and eventually proceeded to have first trimester uncomplicated miscarriage.

Above: Original operation, USS findings.

Discussion: Monitoring bHCG trend post miscarriage was vital in this diagnosis. It highlights the importance of vigilance in considering the rare diagnosis of heterotopic pregnancy, and investigating persistent pain or other suspicious symptoms despite having diagnosed and managed an ectopic pregnancy

References