HETEROTOPIC PREGNANCY: A CASE REPORT

Dr. Sanjay Kumar Singh1*, Dr. Tanya Sharma2, Dr. Devanjal Kapila3, Dr. Mugdha4, Dr. Shivam Sood5

1Department of Radiodiagnosis, MMIMSR MULLANA, AMBALA. singhkumarsanjay89@gmail.com (Corresponding Author)
2Department of Radiodiagnosis MMIMSR MULLANA, AMBALA. tanyasharma1593@gmail.com
3Department of Radiodiagnosis, MMIMSR MULLANA, AMBALA. drdevanjal@gmail.com
4Department of Radiodiagnosis, MMIMSR MULLANA, AMBALA. mugdhamozarkar@gmail.com
5Department of Radiodiagnosis, MMIMSR MULLANA, AMBALA. shivamsood97@gmail.com

Corresponding Author: Dr. Sanjay Kumar Singh, Department of Radiodiagnosis, MMIMSR MULLANA, AMBALA. singhkumarsanjay89@gmail.com

Abstract:
Background: Heterotopic pregnancy, simultaneous presence of intrauterine and extraterine pregnancies is a very rare condition. In recent years, however, the widespread use of assisted reproductive technologies has dramatically increased the incidence of this condition. Early diagnosis of heterotopic pregnancy is important to decrease mortality and morbidity and to preserve future fertility. We present a case of first trimester heterotopic pregnancy diagnosed by ultrasound (US) and was managed successfully.

Key-words: Heterotopic pregnancy, Ultrasonography.

Introduction:
Heterotopic pregnancy describes the occurrence of two pregnancies in different implantation sites simultaneously, mostly manifested as intrauterine and ectopic pregnancies (ampullary in 80%). (1) The incidence of heterotopic pregnancy is around 1/30,000 in spontaneous pregnancy. This is an increasingly common complication of assisted reproductive technology. The incidence of those cases are greater ranging from 1/100 to 1/3,600. (2, 3) In the current study, we present a case of first trimester heterotopic pregnancy diagnosed by ultrasound (US).

Case presentation
A 26 year old women in her second pregnancy (one previous spontaneous abortion at 3rd month) was referred to the department of radiology for her ante natal ultrasound by the department of gynaecology MMIMSR Mullana Ambala during her 10th week of pregnancy with with complains of spotting per vaginum from 2 days and pain in abdomen from one day. She was a known case of hypothyroidism currently on medications. She also gave history of MTP 5 months back. USG was performed from which a intra uterine G-Sac with feral pole with CRL measuring 11.04 mm corresponding to G.A of 7 weeks 2 days was seen. York sac was not visualised. The internal os was closed with a streak of fluids in the endo cervical canal. Another G-sac with feral pole was visualised with CRL corresponding to Gestational age of 7 weeks 1 day seen in the right adnexa adjacent and just lateral to the right ovary likeli in the fimbrial end showing no cardiac activity or York sac. Right ovary was separately visualised and normal and the left ovary was also normal and a streak of fluid was present in POD. The features suggested a heterotrophic right tubal pregnancy with CRL corresponding
to gestational age of 7w 2d with a scent cardiac activity suggestive of pregnancy failure and the tubal pregnancy with CRL corresponding to gestational age of 7w1d with a absent cardiac activity present in Fallopian tube. After proper counselling laparoscopy was done. On laparoscopy uterus was found uniformly enlarged about 8 weeks size suction and evacuation was performed .Left tube, both ovaries were healthy and right tube was swollen and congested but not ruptured. Then right sided Salpingectomy was done .

USG SHOWING TWO G-SAC - UTERINE AND RIGHT TUBAL

LAPAROSCOPIC VIEW OF TUBAL PREGNANCY
Discussion
A heterotopic pregnancy can result from a natural conception; it requires a high index of suspicious for early and timely diagnosis. Because of the high risk of tubal rupture, the importance of early diagnosis and treatment for the ectopic pregnancy becomes clear in the light of this paper. Around 50% of heterotopic pregnancies are asymptomatic (2). When symptomatic, the main clinical manifestations are abdominal pain due to peritoneal irritation, adnexal mass with or without vaginal bleeding and hypovolemic shock. To assist in early screening and diagnosing of ectopic and heterotopic pregnancies, β-hCG serum assaying, along with vaginal ultrasonography, can be routinely used in prenatal examinations during the early stages of pregnancy. However, heterotopic pregnancies may be obscured in the presence of intrauterine pregnancies, due to the difficulty of differential diagnosis between ectopic pregnancy and hemorrhagic corpus luteum, abortion, neoplasia and adnexal torsion. Many of these can be associated with normal pregnancies, thus resulting in delayed diagnosis (4). Identifying the intrauterine image does not exclude the possibility of heterotopic pregnancy. Ultrasound picture of heterotopic pregnancy may be adnexal complex cysts or mass which can be explained by being hematosalpinx, tubal ring, or embryo. Free intraperitoneal fluid can also be seen (1). Thus, adequate viewing of the adnexa becomes necessary in all assessments on the start of pregnancy.

Conclusions
Although rare heterotopic pregnancy must be considered in the differential diagnosis of abdominal pain in the first trimester The patient should be thoroughly investigated using ultrasound to exclude this rare diagnosis and allow on-time proper management..

References