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Original Research Paper

Gynaecology

SIGMOID VOLVULUS IN RUPTURED TUBAL ECTOPIC PREGNANCY -A RARE CASE REPORT.

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ABSTRACT Ectopic pregnancy is the one in which the fertilized ovum gets implanted anywhere outside uterine cavity. [1] Classical triad of amenorrhoea, abdominal pain and bleeding per vaginum is seen.
Sigmoid volvulus is a rare surgical complication that can occur in pregnancy and puerperium. Perforation , peritonitis and sepsis can be the potential maternal complications if intervention is not done early[2]. Less than 100 cases of sigmoid volvulus in pregnancy have been reported so far. However, there is no reported case of sigmoid volvulus in extra-uterine gestation.[2]

KEYWORDS : Right tubal ectopic, sigmoid volvulus

Case report

29 yrs old married since 15yrs, 3rd gravida previous 2 vaginal birth with tubal ligation done 2 and half years back came to casualty with complaints of pain in abdomen and non passage of stools since 2-3 days and was admitted in view of ?sigmoid volvulus.

On examination patient found dehydrated, in a state of shock with BP of 90/60 mm Hg, abdomen was distended with guarding and generalised tenderness ,rectum empty, bleeding seen per speculum, per vaginum-uterus was bulky deviated to left, bilaterally forniceal fullness were presesnt, cervical motion tenderness was elicited, UPT was done as patient gave history of spotting per vaginum which was found positive. She was immediately resuscitated with intravenous fluids and blood, as her haemoglobin was 4.7g%,

USG A+P was done on 19.09.19 in view of ?sigmoid volvulus which S/O mild ascites and few of bowel loops in left lumber and hypochondrium appears prominent ,fluid filled and show normal peristalsis.

Since usg was inconclusive, CECT was done, which S/O partially reduced sigmoid volvulus, hemoperitoneum secondary to ruptured right tubal ectopic pregnancy.

Blood and blood products were arranged and she was immediately taken for Emergency exploratory laparotomy with right salpingectomy with dilatation and curettage followed by decompression of sigmoid volvulus with sigmoidopexy.

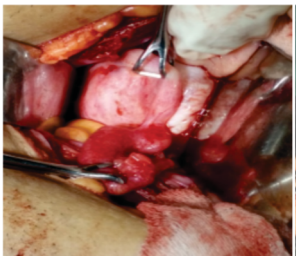

Fig.1a Right tubal ectopic

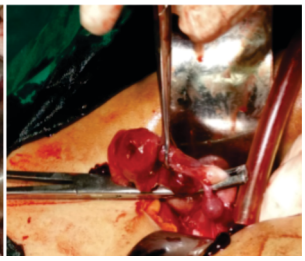

Fig.1b Right tubal ectopic

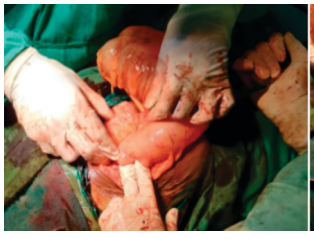

Fig.2a Sigmoid volvulus

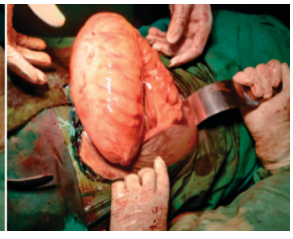

Fig.2b Sigmoid volvulus

3 pints whole blood was transfused intraoperatively and 4 pints FFP was transfused post operatively. Patient was then shifted to CCU for critical care monitoring.

Patient withstood the procedure well, patient general conditions gradually improved , and discharged on day 9 with Haemoglobin of 9.6 gm%.

DISCUSSION

This is a rare case of a young woman presenting with pain in abdomen and constipation, with a sigmoid volvulus and ruptured ectopic pregnancy post tubal ligation failure resulting in hemoperitoneum.

Tubal ectopic pregnancy is one of the less frequent complication in a tubal ligation failure patient, an associated sigmoid volvulus with ruptured tubal ectopic is even more rare. The clinical presentation in such cases at times is difficult to diagnose especially in a patient with history of tubal ligation.

The incidence of intestinal obstruction in pregnancy ranges from 1 in 1500 to 1 in 66431 deliveries. Sigmoid volvulus is the most common cause of bowel obstruction complicating pregnancy, accounting for upto 44 per cent of cases. [3]

To date, 84 cases of sigmoid volvulus have been reported occurring in the pregnancy and puerperium, however sigmoid volvulus in a ectopic pregnancy is a rare occurance and no such cases have been reported.[4][5]

The diagnosis of sigmoid volvulus is suspected when a pregnant female presents with a clinical triad of abdominal pain, distension and absolute constipation. The average time from the onset of obstructive symptoms until presentation has been reported to be 48 hours.

The use of clinical findings and utilisation of radiological diagnostic tools aids in the early diagnosis, timely intervention and early recovery of the patient. Management in such cases should primarily aim at the stabilisation of the patient and further to be targeted at the source responsible for precipitating the condition. In this case patient was initially suspected with sigmoid volvulus however the clinical suspicion of pregnancy even though patient gave history of tubal ligation done in the past, helped to reach the correct diagnosis which was confirmed with the aid of radiological diagnostic tools.

CONCLUSION

Sigmoid volvulus complicating ectopic pregnancy is very rare condition with significant morbidity and mortality. Timely diagnosis mandates high index of clinical suspicion in patients presenting with abdominal pain, distension and absolute constipation.

Delay in diagnosis and treatment beyond 48 hours results in increased morbidity and mortality. Review of the available literature emphasizes the importance of early diagnosis and timely intervention to minimize morbidity and mortality.

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