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Original Research Paper

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CLINICALLY STABLE PATIENT DIAGNOSED AS PID TURNED OUT RUPTURED ECTOPIC PREGNANCY –A RARE CASE REPORT

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ABSTRACT An ectopic pregnancy is a pregnancy that is implanted outside of the uterine cavity. It is a life-threatening emergency condition in a first-trimester pregnancy. A 25 year old Para 1 living 1 presenting with pain abdomen without a period of amenorrhoea clinically diagnosed as pelvic inflammatory disease was diagnosed to have left tubal ectopic pregnancy after abdominal ultrasonography. This case was not an usual presentation of an ectopic pregnancy, and thus should be retained for differential diagnosis in all reproductive age women with uncertain clinical presentation and hemodynamic stability

KEYWORDS : pain abdomen,Tubal ectopic ,ultrasonography

INTRODUCTION

Ectopic pregnancy occurs when a fertilized ovum(blastocyst) is implanted outside the normal Endometrial lining of the uterine cavity,the most common site being fallopian tube, maybe acute or chronic, accounting to 95 percent of all Ectopic pregnancies[1]. Ectopic pregnancy is a potentially fatal emergency condition if early diagnosis is missed, The incidence is approximately 1.5-2% of all pregnancies and accounts for 3 percent of all pregnancy related deaths[2].

Presentation varies widely from being asymptomatic to haemodynamically compromised. The classic symptom triad of ectopic pregnancy is pain abdomen, amenorrhea, and vaginal bleeding[3]. Several risk factors have been identified for ectopic pregnancies like Advanced maternal age, previous history of ectopic pregnancy, pelvic inflammatory disease, previous pelvic surgery, contraceptive failure with progesterone only contraception and Intrauterine device usage, ART, smoking etc[4].

Case Report

A 25 year old Resident of Raichur Para 1 living 1 presented to OBG outpatient department with pain in lower abdomen since 1 day.LMP was 8 days back with duration of 4 days.no history of any other systemic symptoms and was admitted for severe pain abdomen

On Examination pallor- present, PR-74 bpm, BP-100/70 mm Hg. Tenderness present in left iliac fossa on palpation , with no guarding and rigidity

Per Speculum Examination : vagina and cervix healthy, no bleeding

Bimanual examination: uterus normal size, anteverted, bilateral fornices free

Cervical motion tenderness present, clinically diagnosed as pelvic inflammatory disease and was advised usg abdomen and pelvis

Investigations: Hb-6.9gm%, TLC-4600 Cells/cumm, Platelet-2.4 lakhs/cumm

Ultrasound revealed empty endometrial cavity and heterogenous hypoechoic soft tissue lesion in distal part of left fallopian tube suggestive of ruptured tubal ectopic pregnancy with echogenic free fluid in Pouch of douglas suggestive of hemoperitoneum

After which UPT done and was positive

Beta HCG: 1698.63mIU/ml

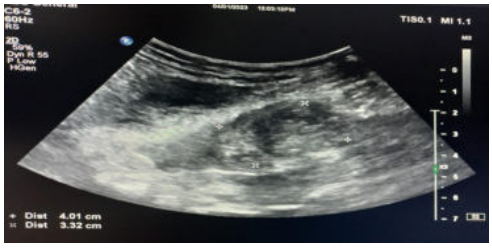

Figure 1: Transabdominal USG showing ruptured left tubal ectopic pregnancy and Haemoperitoneum

Management

Couple were counselled and consent was obtained for emergency laprotomy.

Intraoperative The abdomen was filled with approximately 600-800 ml of blood clots,suction was done to clear the abdomen, uterus was normal in size and right ovary and fallopian tube normal, left tubal ruptured ectopic pregnancy noted along with products of conception, the products of conception were removed, left salphingectomy was done, hemostasis achieved. specimen sent for HPE.1 pint PRBC transfused intra-operatively and 1 pint PRBC postoperatively. Patient had an uneventful post-operative period. Beta HCG levels On post operative day 1-287.26 mIU/ml, and after 1 week -4.04 mIU/ml. Histopathological examination confirmed left tubal ectopic pregnancy

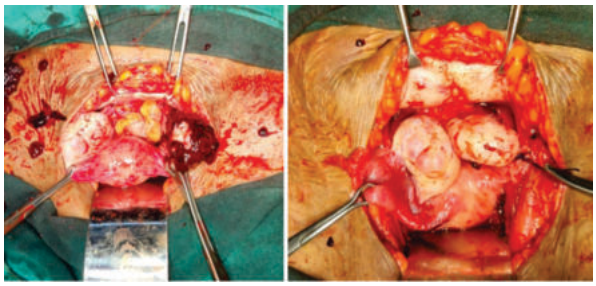

Figure 2 : Intraoperative findings a) left tubal ruptured ectopic b) left salphingectomy done

DISCUSSION

An ectopic pregnancy is potentially life threatening emergency condition in first trimester of pregnancy,patients with clinical presentations and physical examination of ruptured ectopic pregnancy Such as acute abdomen, hemodynamic instability, vaginal bleeding and anemia should be evaluated urgently for proper management[5].

However only 40-50% of patient with an ectopic pregnancy present with vaginal bleeding ,75% may have abdominal tenderness,50% have palpable adnexal mass,approximately 20% of patients with ectopic pregnancy are hemodynamically compromised at the initial presentation,which is highly suggestive of rupture[6].43-55% of ectopic pregnancy doesn't present with classical triad of lower abdominal pain, period of amenorrhea and vaginal bleeding.25% of women with ectopic pregnancy may not have period of amenorrhea, An early symptom Such as abdominal pain is commonest presentation but not specific to ectopic pregnancy[7]

This was a case of unusual presentation without the typical sequence of symptoms. Absence of typical symptoms tends to mislead the clinicians from possibility of an ectopic pregnancy, should suspect the possibility of ectopic in all reproductive age women.

Ultrasonography and serum beta HCG are the standard diagnostic modalities for early diagnosis .There are several methods of management of ectopic pregnancy including expectant management,medical management and surgical depending on the severity ,methotrexate is currently used to treat uncomplicated ectopic pregnancy,surgery can be performed both abdominally and laproscopically for ruptured ectopic pregnancy.

CONCLUSION

A ruptured tubal pregnancy in a haemodynamically stable patient was described. ectopic pregnancy is associated with high mortality if diagnosis and management is delayed. Diagnosis can be easily missed in the absence of classical symptoms of ectopic pregnancy.In All reproductive age women with pain abdomen even with regular menstruation, Ectopic pregnancy should be considered first in Differential diagnosis as it misguides to diagnose as other causes of pain abdomen like pelvic inflammatory disease, miscarriages, ovarian torsion and appendicitis. So that early diagnosis can be madde to reduce morbidity and mortality associated with ectopic pregnancy

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