



## A rare case of chronic ectopic pregnancy

### KEYWORDS

Chronic ectopic, Laparoscopic salpingostomy

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### ABSTRACT

*Ectopic pregnancy is defined as implantation and subsequent development of an embryo outside the uterine lining. It has wide range of presentation from acute hemoperitoneum to chronic ectopic pregnancy. A 30 year old PILL Ectopic I reported with vague lower abdominal pain. There was no preceding amenorrhoea and her previous cycles were regular. Clinically patient was haemodynamically stable. Abdomen was soft on palpation and cervical movements non tender. HCG was undetectable. USG revealed right adnexal mass of 3cm with no vascularity on doppler. Laparoscopic right salpingostomy done and HPR confirmed ectopic pregnancy with degenerative trophoblastic tissue.*

### INTRODUCTION:

Chronic ectopic pregnancy is a challenging clinical condition to diagnose as it presents with vague clinical symptoms which are not the specific symptoms of ectopic pregnancy. There is high incidence of negative pregnancy test due to non viable trophoblast and specificity of ultrasonography is poor. Therefore many a times surgical exploration followed by HPR is confirmatory for diagnosis. CASE REPORT : 30 yrs old PILL Ectopic I presented with lower abdominal pain. History of last child birth 9 years back , following which she had tubal ectopic pregnancy for which left salpingectomy done. Her previous cycles were regular. She was anxious to conceive and was evaluated for the same. Patient was hemodynamically stable. Abdomen was soft on palpation with minimal tenderness. Speculum examination revealed cervix and vagina healthy. Bimanual examination revealed a retroverted normal-sized uterus, cervical movements were not tender. USG showed right adnexal mass of 3 cm with no vascularity on Doppler . UPT done negative . Serum beta hcg level was undetectable. Diagnostic laparoscopy was performed, intraoperatively tubal cyst / chronic ectopic. Fallopian tube conserving surgery opted and right salpingostomy performed .

- Conservative medical / surgical method should be the management option for unruptured tubal pregnancy.

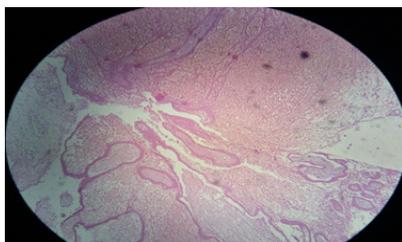
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**Figure 1**

HPR confirmed diagnosis, degenerated trophoblastic tissue and chronic inflammatory mass formation in tube. Ghost villi characteristic of non viable trophoblastic tissue.



### CONCLUSION:

- Chronic ectopic pregnancy is difficult to diagnose.
- Must be the differential diagnosis for adnexal mass in reproductive age group.