



## HETEROTOPIC PREGNANCY A CASE STUDY

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**ABSTRACT** Heterotopic pregnancy is a rare condition in which both intrauterine and ectopic pregnancy coexist. With improvement ultrasonography and availability of assisted reproductive techniques its incidence is increased in recent times. Careful first trimester ultrasonography and good clinical examination helps in early detection and management of such pregnancy. In this paper one such rare case of heterotopic pregnancy and its management is discussed.

**SUMMARY:**

A 32 year gravida 4 para 1 abortion 2 female came to opd with complaints of lower abdomen pain and bleeding p/v for 1 day.on examination her vitals were stable. Urine pregnancy test was positive. Ultrasound done showed coexistence of intrauterine and left tubal pregnancy noted. Laparoscopy done showed ruptured left tubal ectopic pregnancy, left salphinctomy proceeded and around 500ml of blood evacuated.Dilatation and evacuation done. Specimen sent for histopathological examination

**KEYWORDS :****INTRODUCTION:**

Heterotopic pregnancy is the one in which both ectopic and intrauterine gestation coexist. The incidence of such pregnancy is rare though high incidence is noted in pregnancies conceived with artificial reproductive techniques. It is observed in less than 1 in 30000 pregnancy conceived naturally which is 0.08% of all pregnancies. It is observed in 5% of pregnancy conceived by assisted reproductive technique. In this paper a patient with heterotopic pregnancy who conceived naturally is discussed.

**CASE REPORT:**

A 32 year old gravida 4 para 1 live 1 patient presented at 6 weeks gestation with complaints of lower abdomen pain and bleeding per vaginum since one day. Patient had regular cycles 5/30 days, normal flow. She had no history of medical disorders,no history of tuberculosis in past, no history of any surgeries in the past.Clinically patient is distressed with pain. Her PR-102/ min, BP-90/60mmhg.On examination abdomen is soft, tenderness present in epigastric and right hypogastric region, with no guarding or rigidity. On per speculum examination cervix appears to be hypertrophied with no congestion or erosion, no active bleeding through cervical os seen. On prevaginal examination uterus is anteverted, bulky, left forniceal fullness and cervical motion tenderness elicited.

IV lines secured and 500 ml RL is rushed,blood is collected and sent for investigations.Her Urine pregnancy test is positive. Lab parameters are as follows: Hb-9.5g/dl, wbc-11k,RFT and other lab parameters are within normal limit.

Ultrasound done showed a gestational sac of 8mm in diameter in the uterus, B/L ovaries are normal, free fluid is noted in the pouch of douglas with internal echoes suggesting 6 weeks intrauterine gestation and ruptured left tubal ectopic pregnancy.



**Figure 1: ultrasound showing intrauterine gestation of 6 weeks with free fluid in pouch of douglas**

Under general anesthesia patient in supine position parts painted and draped ports inserted and pneumoperitoneum created laparoscopy inserted hemoperitoneum seen, uterus appears normal, right fallopian tube and bilateral ovaries appear normal, left fallopian tube fimbrial end appears congested. Around 500ml of blood evacuated ; Left salphinctomy proceeded, dilatation and curettage done . Products of conception sent to histopathological examination.



**Figure 2: hemoperitoneum**

**DISCUSSION**

The incidence one or more intrauterine gestation with ectopic gestation is localized in cervix,cornua or peritoneal cavity . It is difficult to diagnose heterotopic pregnancy. Patient usually presents with abdominal pain and bleeding per vaginum.Opinion from more than one sonologist in suspected cases is necessary to diagnose and treat it early. In most cases it can be confused with pseudosac of ectopic gestation, ovarian tumour or endometrial adhesions of salphinx. Laparoscopy is most useful in diagnosis and treatment.Fine needle aspiration with 50% glucose under the US control. In cornual pregnancy local application of methotrexate and in cervical pregnancy local application of NaCl is tried.

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