Original Research Paper

Volume - 14 | Issue - 11 | November - 2024 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Radio-Diagnosis

RARE CASE OF HETEROTOPIC PREGNANCY: A CASE REPORT

Dr. Sana Alam	Resident (OBGYN) GSMCH, Pilkhuwa
Dr. Vijay Kulshreshta*	M.D. (Radiology) HOD & Professor, Department of Radio-Diagnosis GSMCH*Corresponding Author
Dr. Rupali Sharma	M.S. OBGYN HOD & Professor, Department of Obs & Gynae GSMCH

ABSTRACT Heterotopic pregnancy is a rare occurrence of two pregnancies in different implantation sites simultaneously, one of which being intra-uterine while another being an extra-uterine pregnancy.

KEYWORDS :

INTRODUCTION/BACKGROUND:-

Both pregnancies co-exist at the same time, living or dead, single or multiple, in uterine cavity & extra uterine. Its incidence is 1:30,000 pregnancies. 1ST case was described in 1708 – diagnosis was established during autopsy of the patient due to unavailability of modern diagnostic techniques.

In the current study, This is a case report of a patient presented as first Trimester heterotopic-pregnancy diagnosed by ultrasound, TVS & by laproscope examination & manage successfully.

CASE PRESENTATION:

A 30 years old G2P1L1 in 8 weeks of second pregnancy presented in OB/GYN OPD in GS medical college on 6/6/24 after doing UPT at home on 31/5/24 which came positive with complaint of spotting P/V.

Her previous pregnancy was 4 years ago by which she delivered a Female child through LSCS (because of 2 loops of cord around neck of the fetus) Her previous menstrual cycles were regular, every 28-30 days with average flow, lasting 5-7 days with minimal accompanying pain in abdomen. Her last menstrual period was on 12th April 2024.

The patient had not undergone any other previous surgeries or suffered from any chronic diseases, no other significant past history could be found.

On examination her general condition was conscious, oriented to time, place and person. Her pulse rate was 72 per minute, arterial blood pressure was 128/88 mmHg, body temperature was afebrile. On palpation, her abdomen was soft, non-tender.

Lab tests were advice on 8/6/24 which were: Hemoglobin – 11.3 gm/dl, Total leucocyte count – 7740, Platelets – 1.98 lacs. Her blood group was AB +, GTT (Basal – 89.6, 1 hour – 117.5, 2 hours- 54.9). Her Serum TSH was 3.44 and her LFT, KFT were within normal range).

Her Trans-abdominal sonography stated- Endometrium has trilaminar appearance with ET 12 mm but no intra-uterine or extrauterine Gestational Sac could be localized. Patient was advised to follow up after 2 weeks for Transvaginal scan.

Since her USG showed no Gestational sac at 8 weeks, BHCG was sent which was reported to be 6896 micro IU/ml and repeated on 12/6/24 which was 9102 micro IU/ml. Her Trans abdominal sonogram was repeated on 14/6/24 after seeing the rise in BHCG values, which then documented left tubal ectopic pregnancy of 19 x 21 mm. It also documented a 5mm fibroid like structure in uterine fundus. ET was 17 mm.

She was then admitted under OBGYN department for further management. The following treatment was introduced- Injection Methotrexate 72.6 mg IM (on 14/6/24) according to calculated dose according to surface area followed by Injection Folinic Acid 72.6mg on the following day (15/6/24).

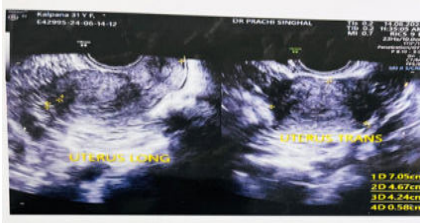
Her BHCG was repeated on 16/6/24 which came out to be 13495 following which Diagnostic laparoscopy was planned and patient counselled for the same. Diagnostic laparoscopy was performed on 19/6/24 under General Anaesthesia. Intra operatively, on Laparoscopy, it was found that the Uterus was bulky approximately 6 weeks size. Her right ovary and tube were normal and left ovary was also normal. In left fallopian tube, a mass of 3 X 3 cm was seen and left salpingectomy was done and was sent for Histopathological examination.

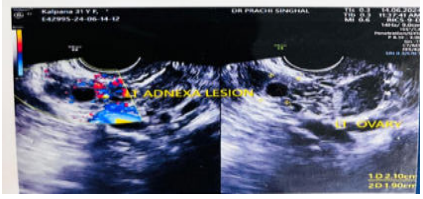
Dilatation and evacuation was also performed in which plenty of curettage material taken out and sent for histopathological examination. Post operative period was uneventful Patient was in satisfactory condition, cardiovascularly and respiratorily stable, normal body temperature, no vaginal bleeding. Foley's was removed the next day and patient was discharged on Day 2 in satisfactory condition.

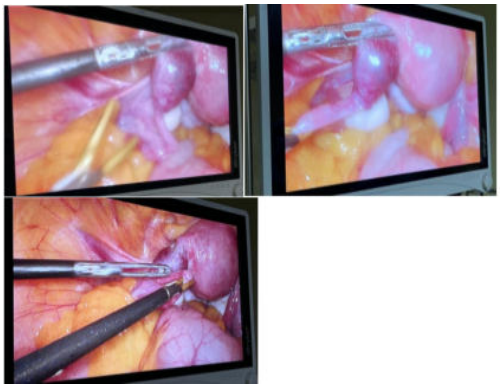
BHCG was repeated after 1 week which was 78.20.

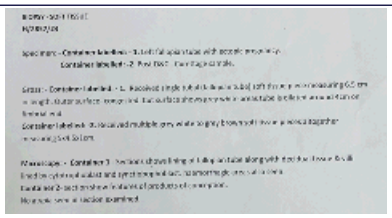
Her Histo-pathology report of the left fallopian tube confirmed left tubal ectopic pregnancy.

The D&E sample however also reported to show features of products of conception.









CONCLUSION: It is a challenging task to diagnose Hetereotopic pregnancy. Multiple tests are needed namely Ultrasonography, BHCG values, laparoscopy, histopathology, etc. High degree of suspicion is needed , especially in patients with adnexal mass. Diagnosis of an ectopic pregnancy does not exclude the presence of an intra-uterine pregnancy. Early diagnosis & management is crucial for a patient with Heterotopic pregnancy.Majority of the reported cases are of singleton intrauterine pregnancy. Triplet and quadruplet heterotopic gestation have also been reported, though the incidence was extremely rare . The high index of suspicion is to ensure for early and timely diagnosis and management, a timely intervention can even result in a successful outcome of intrauterine pregnancy and prevent tubal rupture and hemorragic shock which can be fatal.

AUTHOR'S DECLARATION

1. This article is completely written in English language only.
2. This is a complete / full length copy of the article.
3. This paper carries all the authors name, designation & their Email IDs (if not, kindly resubmit the revised paper)
4. You are fully aware that this is not a free journal and you have checked the journals free structure in the author guidelines.

REFERENCES

1. Hassani KI, Bouazzaoui AE, Khatouf M, Mazaz K. Heterotopic pregnancy: A diagnosis we should suspect more often. J Emerg Trauma Shock. 2010;3(3):304. doi:10.4103/0974-2700.66563
2. Noor N, Bano I, Parveen S. Heterotopic pregnancy with successful pregnancy outcome. J Hum Reprod Sci. 2012;5(2):213-214. doi:10.4103/0974-1208.101024
3. Nabi U, Yousaf A, Ghaffar F, Sajid S, Ahmed MMH. Heterotopic Pregnancy - A Diagnostic Challenge. Six Case Reports and Literature Review. Cureus. 2019;11(11):e6080. Published 2019 Nov 5. doi:10.7759/cureus.6080
4. Elsayed S, Farah N, Anglim M. Heterotopic Pregnancy: Case Series and Review of Diagnosis and Management. Case Rep Obstet Gynecol. 2023 May 5;2023:2124191. doi: 10.1155/2023/2124191. PMID: 37187915; PMCID: PMC10181901.