

UNILATERAL TWIN ECTOPIC PREGNANCY: A CASE REPORT

Gynaecology

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ABSTRACT

Unilateral twin tubal pregnancy is an extremely rare condition with an estimated incidence of 1/20,000 to 250,000 (1). It represents a major health risk for reproductive age group women. We present to you a case of 40 yr female who presented with complaints of one and half month amenorrhea and pain abdomen to Gynaecologic OPD. She was G3P2L2 with previous two vaginal deliveries. She was hypothyroid but controlled on treatment. On evaluation a UPT was done which was positive. Her beta HCG levels were markedly elevated. On USG examination a twin live embryos were seen in left tube consistent with tubal twin ectopic. No free fluid was seen in POD. Patient was hemodynamically stable. She underwent laparoscopy which showed markedly distended tube with no evidence of rupture and left salpingectomy with right sided tubal ligation was done. (Figure1)

KEYWORDS

Pregnancy, ectopic pregnancy (EP), tubal twin.

INTRODUCTION:

Abdominal pain in pregnancy represents a demanding diagnostic challenge in the emergency department due to extensive list of differential diagnosis to be considered, coupled with possibility of having atypical presentation of each disease (2). The one such cause of acute abdomen in pregnancy is Ectopic pregnancy which if not diagnosed swiftly can have catastrophic results. Ectopic pregnancy occurs at a rate of about 1-2% pregnancies and can occur in any sexually active women of reproductive age (1). The incidence has been increasing and is two to three times as it was 25 years ago (3). Risk factors for tubal ectopic include prior tubal surgery, PID, peritubal adhesions (following appendicitis or endometriosis), ART therapy and smoking. Although contraceptive devices decrease the incidence of ectopic pregnancy by decreasing overall incidence of pregnancy, IUCDS may actually increase the risk. A history of previous ectopic increases the risk of subsequent ectopic by 10% (3). Unilateral tubal twin pregnancies occur in approximately 1 of every 125,000 spontaneous pregnancies. The tubal twin EP is a rare condition and the first unilateral tubal twin was reported by De Ott in 1891, and the first live twin tubal EP was reported in 1944. In our case we present a spontaneous unilateral live tubal twin pregnancy in a patient (4).

Case report:

A 40 year old women, gravida 3 para 2 live 2, admitted to SMGS hospital Jammu presented with two week history of pain abdomen and vaginal bleeding following five week amenorrhea. She had two vaginal deliveries and last child birth was 12 years back, both of which were uneventful. No method of contraception was used since then. She was hypothyroid but controlled on medication. A urinary pregnancy test was performed which was positive. Serum beta- human chorionic gonadotropin (HCG) levels were 28,500, which were quite high for the said period of amenorrhea. On examination patient was hemodynamically stable. On palpating Lower abdomen was tender more towards left. On vaginal examination uterus was normal size with tenderness in left fornix. A mass of approximately 6*5 cm separate from the uterus was felt on the left side which was tender to touch. Cervical motion tenderness was present. A transvaginal ultrasound was done which showed twin live embryos in left tube, with two discrete gestational sacs, fetal node and cardiac activity were present all consistent with tubal twin ectopic. Uterine cavity showed a pseudo sac near the fundus with thick decidual reaction. Small amount of free fluid was seen in POD.

Decision of laparoscopy was taken and performed. Around 100 cc of hemoperitoneum was present which was removed. The left tubal EP was removed by salpingectomy and since family was complete right tubal ligation was done too. The patient had uneventful post-operative period, and was discharged on second day. Histopathological examination later confirmed the diagnosis. (figure2)

DISCUSSION:

From the report in 1891 by De ott through 1990, only about 100 cases

of unilateral tubal twin pregnancy have been described, most of which were diagnosed Intraoperatively or postoperatively (4). Rolle et al reported that only 8 cases of unilateral tubal twin pregnancy which were diagnosed preoperatively, are reported in literature. One more recent study done by lategan et al in 2019 also diagnosed tubal twin pregnancy just like our study (5).

The varied literature includes case reports describing twin ectopic pregnancies following some tubal surgeries, or with a history of PID or any other risk factor for ectopic. But our case didn't have any of those just like the one described by Lategan et al in 2019. This was an isolated case of unruptured spontaneous unilateral twin tubal ectopic (6).

The treatment options for such an ectopic depend upon the presentation. Because of low incidence of spontaneous unilateral tubal twin pregnancy no specific treatment option has been recommended (7). In our case laparoscopy followed by left salpingectomy with right sided tubal ligation was done. Majority of the literature describes laparotomy or laparoscopic salpingectomy as the preferred treatment option. But lategan et al in contrast to salpingectomy did laparoscopic salpingostomy and achieved similar results (5). Two cases of medical management with methotrexate have also been described in hemodynamically stable patients with unruptured unilateral tubal twin pregnancies, and both have been successful (8).

CONCLUSION:

Tubal ectopic pregnancy is a growing disease. Even in the absence of risk factors the possibility of unilateral twin ectopic should always be considered. Our case was managed successfully by laparoscopic salpingectomy but as the patient was hemodynamically stable medical management can also be tried, but with caution.

Conflict of interest: None

Ethical clearance: Not applicable

Patient consent: Not applicable

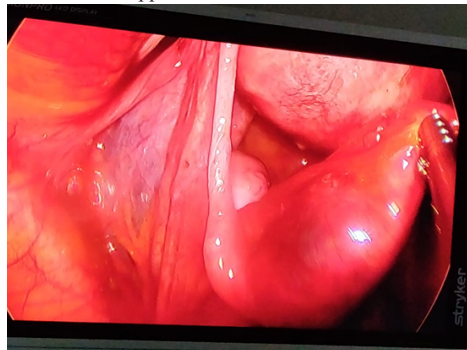


Figure 1 - laparoscopy image showing distended tube.



Figure 2

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