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ACUTE ABDOMEN - A OBSTETRIC NIGHT-MARE IN SURGICAL WARD

Obstetrics & Gynaecology

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ABSTRACT

Unilateral twin ectopic pregnancy is an extremely rare condition, occurring in approximately 1 in 20,000 to 250,000 pregnancies, with only about 100 cases reported in the literature to date [1,2]. This report presents a rare case of ruptured twin gestation in a tubal ectopic pregnancy. A 34-year-old woman, G2P2, with a history of tubal ligation, presented to the emergency department with shock and abdominal pain, along with two months of amenorrhea. Her urine pregnancy test was positive, and ultrasonography of the left adnexa revealed two gestational sacs with yolk sacs and fetal embryos, separated by a thick intertwine membrane, along with hemoperitoneum. An exploratory laparotomy with left salpingooophorectomy confirmed the diagnosis of ruptured ectopic pregnancy.

KEYWORDS

Twin Pregnancy, Laparoscopy, Tubal Pregnancy, Ectopic Pregnancy, Ruptured Pregnancy

INTRODUCTION

Ectopic pregnancy is a significant cause of morbidity and mortality in women of childbearing age, especially in regions with limited prenatal care. Major risk factors for ectopic pregnancy include salpingitis, tubal sterilization, and in utero exposure to diethylstilbestrol [3]. Unilateral twin ectopic gestation is a rare condition, first described in 1891 by De Ott [1]. The first unruptured twin tubal pregnancy was reported in 1986 by Santos [2]. Unilateral twin ectopic pregnancy has an estimated incidence of 1 in 20,000 to 125,000 pregnancies and accounts for 1 in 200 ectopic pregnancies [4,5]. Additionally, ectopic pregnancy has a recurrence rate of 10% for one previous episode and 25% for two or more previous ectopic pregnancies [6]. Twin ectopic pregnancy is exceptionally rare, with only approximately 100 cases diagnosed worldwide [7]. Female sterilization, also known as tubal ligation or tubectomy, is one of the most widely accepted and effective methods of contraception in India. It is a preferred choice for women who have completed their families. Here, we report a rare case of unilateral spontaneous twin ectopic pregnancy (left tubal and left ovarian) presenting at eight weeks of gestation.

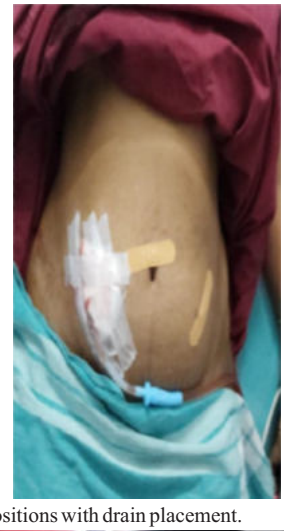

Figure 1: Port positions with drain placement.

Figure 2: Port positions with drain placement.

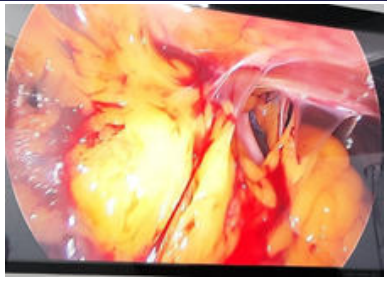

Figure 3: Adhesions to the anterior abdominal wall.

Figure 4: Surgical specimen post-procedure.

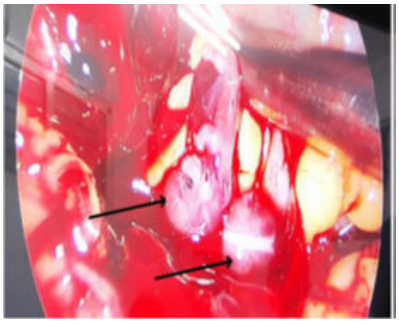

Figure 4: Twin fetuses as seen through laparoscopy.

Case Summary

A 34-year-old woman, gravida 2, para 2, with both previous deliveries via lower segment cesarean section (LSCS), presented to the emergency department of Subbaiah Institute of Medical Sciences with complaints of two months of amenorrhea, shock, and lower abdominal pain persisting for six to seven days before admission. She had undergone tubal ligation as a contraceptive method. Her menstrual history was previously regular. There was no history suggestive of any major medical or surgical illness, including tuberculosis. Personal and family medical history was unremarkable.

On general examination, the patient had pallor and tachycardia with a pulse rate of 120 beats per minute and blood pressure of 70/50 mmHg. Per abdominal examination revealed a distended abdomen with diffuse tenderness, guarding, and rigidity. A urine pregnancy test was positive. Emergency laboratory investigations were performed, revealing beta-hCG levels exceeding 1500 mIU/mL. The patient was immediately taken for an emergency exploratory laparotomy. Intraoperatively, severe hemoperitoneum with extensive intraperitoneal adhesions and clots were observed. The left fallopian tube was ruptured, and twin ectopic gestations had extruded into the abdominal cavity. A left salpingectomy was performed. The patient recovered well postoperatively, with serial monitoring of hemoglobin levels and vital signs to assess for ongoing bleeding or Complications. She was discharged on the second postoperative day.

DISCUSSION

The incidence of ectopic pregnancy ranges from 4.5 to 16.8 per 1,000 pregnancies [7,8].

Among these, tubal pregnancy is the most common type, occurring in 1 in 200 to 1 in 300 pregnancies [7,9]. Ovarian pregnancies are far less common, with an incidence of 1 in 6,000 To 1 in 40,000 pregnancies [10, 11], constituting only 0.5% to 6% of all ectopic pregnancies[10, 12, 13]. Ovarian pregnancies are often associated with intrauterine contraceptive device (IUCD) use, whereas post-tubal ligation cases are exceptionally rare. Post-sterilization ectopic pregnancies may occur due to recanalization or the formation of a Tuboperitoneal fistula. In such instances, the opening is large enough for sperm to pass through but too narrow for a fertilized ovum, resulting in implantation within the distal segment of the fallopian tube. Additionally, abnormal healing of the tubal lumen may lead to blind pouches or slit-like spaces, increasing the risk of ectopic implantation [14]. This case is a rare example of unilateral tubal twin ectopic pregnancy, presenting with hemorrhagic shock. Such cases are exceedingly uncommon, with only a few instances reported in the medical literature.

Wittich (2004) reported a case of ovarian ectopic pregnancy following postpartum sterilization, attributing it to edematous, friable, and congested fallopian tubes, leading to incomplete occlusion [15]. Similarly, Changsan et al. documented an ovarian pregnancy posttubal ligation [16].

CONCLUSION

A high index of suspicion, thorough evaluation of clinical findings, and careful interpretation of imaging studies are crucial for accurate diagnosis. Early diagnosis of ectopic pregnancy is vital due to its high morbidity and mortality risk. It is important to emphasize that even after tubal ligation, the possibility of ectopic pregnancy should not be overlooked when a patient presents with symptoms suggestive of ectopic gestation following amenorrhea.

Competing Interests: The author declare that he has no competing interests.

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