Research Paper Medical Science.

Interstitial pregnancy, mimicking like invasive mole – a rare case.

Dr.B. Indira	Associate Professor,Department of Obstetrics & Gynaecology, Kurnool Medical College,Kurnool,Andhra Pradesh
Dr.G.Padmaja	Assistant Professor, Department of Obstetrics & Gynaecology Kurnool Medical College,Kurnool.
Dr.C.Sunitha	Assistant Professor, Department of Obstetrics & Gynaecology, Kurnool Medical College,Kurnool

ABSTRACT

Ectopic pregnancy is a common clinical condition occurring in reproductive age group. This is a case report of patient who presented to labour room,GGH, Kurnool, with acute abdomen, with pain,fever and history of passage of clots per vagina 20 days back .

KEYWORDS ectopic pregnancy, ultra sound, laparotomy.

INTRODUCTION

Ectopic pregnancy is a common condition in reproductive group, mimicking acute abdomen. Almost 2 in 100 pregnancies in US are ectopic.Importantly ectopic pregnancy accounted for 10% of all pregnancy-related deaths[1]. There is increasing ectopic pregnancy rates due to prevalence of sexually transmitted tubal infection and damage[2], popularity of contraception that predisposes failures to be ectopic,use of assisted reproductive techniques.

Implantation within the tubal segment that penetrates the uterine wall results in an interstitial or corneal pregnancy. These account for about 3% of all tubal gestations[3]. Because implantation site is located between the ovarian and uterine arteries, there is severe hemorrhage.Many fatal ectopic pregnancies are interstitial implantations[4].

Many differential diagnosis fit into this condition.Early diagnosis is possible now-a-days due to routine first trimester scan.

CASE REPORT

Mrs Gowri,23 yrs,$P_1L_1A_1$ with previous caesarean pregnancy presented to labour room with complaints of pain abdomen,fever since 3 days, vomiting 2 episodes previous day,history of spontaneous abortion 20 days back with passage of clots per vagina since 10 days,no h/o check curettage. On examination there is mild pallor.

Per abdomen : tenderness present diffusely in lower abdomen, rebound tenderness present,mild distension present,

PV- uterus 12wks size,no bleeding through os ,no foul smelling discharge.

Ultra Sound examination : uterus is bulky,well defined oval hyperechoic mass measuring 6.7x6 cm noted in the fundal region partly intramural and partly exophytic from the fundus.there is no increased vascularity in the mass, ovaries normal,moderate to massive ascites noted with internal echoes - ? haemoperitoneum

Imp : 1. perforated uterus with impaction of clots/ retained products of conception,

2. Molar pregnancy with uterine perforation.

Emergency laparotomy was done . The following findings were noted.

- Uterus was bulky, 3 litres of haemoperitoneum present.
- A mass of 7x8 cm on the corneal end of left tube noted.

Placental tissue removed from the mass.
Continuation from the mass to uterine cavity present.
The excessive uterine tissue was excised from the mass after removing placental tissue.
Edges are trimmed, whole uterine tissue sutured in 3 layers.
Left salpingectomy done and right tubectomy done.
Intra operatively 2 units of blood transfused and 2 units FFP given .

Post operative period was uneventful and the patient was discharged on 6th day.

Histopathologic examination of the specimen showed chorionic tissue.

DISCUSSION

Ectopic pregnancy will have variable clinical presentation. A clinical suspicion of ectopic pregnancy must be born in mind in women presenting with acute abdomen in reproductive age group.

REFERENCES

1,3. Williams Obstetrics 22nd , pg 254. | 2.Brunham and associates , 1992,Maccato and colleagues, 1992, | 4.Dorfman and associates,1984. |