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Spontaneous Bilateral Tubal Pregnancy: A Case Report

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Abstract:
Background: *Bilateral tubal pregnancies in the absence of preceding induction of ovulation are a rare event with an incidence of 1 in 725 to 1 in 1580 ectopic pregnancies. The diagnosis is usually made intraoperatively.*
Case: *We report a 24 yrs woman without any risk factor of ectopic pregnancy had spontaneous left sided unruptured tubal ectopic and right sided ruptured tubal ectopic pregnancy. Ultrasonography revealed a 4.3 x 3.2cm left adnexal mass suggestive of ectopic pregnancy, uterine cavity was empty and large amount of fluid was seen in the pelvis. The diagnosis of bilateral tubal ectopic was made intraoperatively. Left sided sarpingostomy & right sided partial surpingectomy were performed. Histopathological examination confirmed synchronous bilateral tubal ectopic pregnancy.*
Conclusion: *It is very important to identify of close examination of both advance when exploratory laparotomy or laparoscopy is undertake for ectopic pregnancy.*
Keywords*: pregnancy, tubal, ectopic, bilateral, salpingostomy.*

I. Introduction

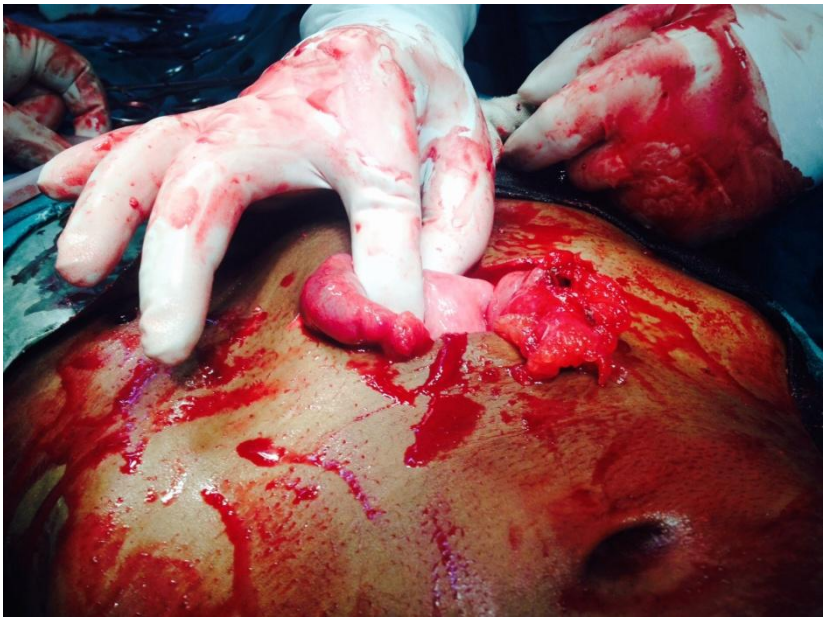
In the first trimester of Pregnancy ectopic pregnancy is one of the important causes of morbidity and mortality. The incidence of ectopic pregnancy is about 11/1000 pregnancy with 90% in fallopian tube. Bilateral tubal pregnancy is a rare disease. Incidence is about 1 in 725 to 1 in 1580 ectopic pregnancies and 1 in 200000 intrauterine pregnancies.[1] The incidence of ectopic pregnancy has been reported to be increasing in many countries in recent years as a result of a number of factors ; increase in rates of sexually transmitted infection that damage that fallopian tubes, the use of antibiotics treatments for pelvic inflammatory disease rather than surgical removal of the tubes, more accurate methods for early detection of ectopic pregnancy, increase use of assisted reproductive technologies and increased rates of tubal sterilization.[2-5]

There has been an increase in the number of published case report of bilateral tubal pregnancies following the use of induction of ovulation but spontaneous bilateral tubal pregnancy remains a rare event. Here we report a 24 years old woman with a spontaneous bilateral tubal pregnancy who underwent laparotomy.

II. Case Report

A 24 years nulliparous lady was admitted in the Dept. of Obstetrics & Gynaecology of B.S. Medical College, Bankura with severe pain in abdomen, vomiting & spotting. She had history of one & half month of amenorrhoea. Her urine pregnancy test was positive. She had no history of contraception use, sexually transmitted infections or previous abdominal pelvic surgery and use of ovulation inducing drugs.

General examination revealed pulse rate = 86/min, BP =110/64, temperature 37^{o}C and pallor. Her lower abdomen was tender with positive rebound tenderness. On per vaginal examination there was pale vaginal mucosa, spotting, the uterus was just bulky and both adnexa were tender on palpation, there was tenderness on movement of cervix. Hematological evaluation showed haemoglobin 8gm/dl and WBC count 5600/mm^3, Ultrasonography revealed a 4.3 x 3.2cm left adnexal mass suggestive of ectopic pregnancy, uterine cavity was empty and large amount of fluid was seen in the pelvis. From above findings diagnosis of ruptured ectopic was made and emergency laparotomy was planned. Laparotomy revealed 1.5 ltr of blood in the peritoneal cavity, left sided un-ruptured ampullary ectopic pregnancy & right sided ruptured tubal ectopic pregnancy, uterus slightly bulky and both ovaries were normal. As patient was nulliparous, left sided salpingostomy a right sided partial sulpingectomy were performed. Haemostasis secured & peritoneal toileting was done with normal saline. Four units of blood were transfused postoperatively. Postoperative period was uneventful and patient was discharged on 8th post operative day. Histopathological examination confirmed synchronous bilateral tubal ectopic pregnancy. The serum β-HCG, which had been raised pre-operatively, became normal - confirming complete removal of the pregnancies.



III. Discussion

The rarest form of ectopic pregnancy is bilateral tubal pregnancy, which occur spontaneously[6]. Two hundred case reports of bilateral tubal ectopic pregnancy have been observed in the literature, in which most cases occurred after using assisted reproductive technique.[7] usually in these cases diagnosing was made intraperatively.

Comprehensive clinical guidelines for the treatment of ectopic pregnancy have been published by the Royal College of Obstetricians & Gynaecologists[8.] Because of its rarity, synchronous ectopic pregnancy is not covered, but the principles of treatment can still be applied. Laparoscopic surgical treatment is preferred to open surgery, because the patient recovers more quickly and subsequent rates of intrauterine and ectopic pregnancy are similar.[9] Our patient, because of acute symptoms and extensive blood in the pelvis was not suitable for either laparoscopic surgery or medical management with methotrexate. Therefore exploratory laparotomy was performed.

Ultrasonography in our case failed to make a diagnosis of bilateral tubal pregnancy. In case reported by Andrews et. Al, Campo et al and Brady et. Al, they also failed to make a diagnosis based on ultrasonography. [6, 10-12] Al Quraan et. al and Brady et.al reported bilateral tubal ectopic pregnancy with one tube ruptured and the other intact [11-12].In the present case right tube had been ruptured, so partial sarpingectomy was performed. On the left, salpingostomy was performed to allow some chance of natural conception in future. The possibility of a intrauterine pregnancy in a patient with unruptured tubal pregnancy is about 24 to 60%. Intrauterine pregnancy was reported after surgical treatment of bilateral tubal ectopic pregnancy.[14] Several theories have been postulated in an attempt to explain the occurrence of bilateral tubal pregnancies. Foster stated that bilateral tibal pregnancy requires multiple ovulation to occur, the oocytes to be fertilized and to implant at the site of tubal damage.[15] Another possible etiology is transperitoneal migration of trophoblastic cells from one tube to another, which is a possible explanation for the finding of fetal tissue in one tube and only villi in the other tube reported by Tabachnikoff et.al.[16]

It is very important to identify and close examination of both adnexae when exploratory laparotomy or laparoscopy is undertaken for ectopic pregnancy.

Reference

[1]. A. L. Awwad, Mona M., A.L. Daham, Nora, Esset, John S. — Spontaneous un-ruptured bilateral ectopic pregnancy: conservative tubal surgery. Obstetrical and Gynaecological Survey. 54(9):543-544, 1991.
[2]. Health Canada. Canadian Perinatal Health Report, 2003. Ottawa: Minister of Public Works and Government Services Canada, 2003.
[3]. Current Trends Ectopic Pregnancy - United States, 1990-1992. MMWR 1995, Jan 27;44(03):46—8.
[4]. Rock JA, Howard WJ. Ectopic Pregnancy. In: Tel inde's Operative Gynecology, 9th Edition. Philadelphia: Lippincott, Williams and Wilkins; 2003: 507—36.
[5]. Summer FM, Reisenberger K, Bogner G, Nagele F. laparoscopic management of an unrecognized spontaneous bilateral tubal pregnancy. Acta Obstet Gynecol Scand 2002;81:366-8.
[6]. Andrews J, Farrell S. Spontaneous bilateral tubal pregnancies: a case report. J Obstet Gynaecol Can. 2008;30:51-4. PubMed PMID: 18198068.
[7]. Othman M, Karali S, Badawi K, Mossa H. Bilateral ectopic pregnancy: case report. Webmed Central Obstetrics and Gynecology. 2013;4:WMC004354.
[8]. Kelly AJ, Sowter MC, Trmder J. The Management of Tubal Pregnancy. Loudon: RCOG Press, 2004
[9]. Hajcnius Pj, Mol BWJ, Bossuyt PMM, Ankum WM, Van dcr Vccn **F.** Interventions lor tubal ectopic pregnancy. Cochrane Database of Systematic Reviews 2000, Issue 1
[10]. Campo S, Campo V, Gambadauro P. Bilateral tubal pregnancy following in vitro fertilization and embryo transfer. Eur J Obstet Gynecol Reprod Biol. 2003;110:237-9. doi: 10.1016/ S0301-2115(03)00103-9. PubMed PMID: 12969592.
[11]. Al-Quraan GA, Al-Taani Ml, Nusair BM, El-Masri A, Arafat MR, Khateeb MM. Spontaneous ruptured and intact bilateraltubal ectopic pregnancy. East Mediterr Health J. 2007;13:972-4. PubMed PMID: 17955781.
[12]. Brady J, Wilson M. Spontaneous bilateral tubal ectopic pregnancy. J R Soc Med. 2005;98:120-1. doi: 10.1258/jrsm.98.3.120. PubMed PMID: 15738557; PubMed Central PMCID: PMC1079415.
[13]. GAAL Quraan, M. L. AL Taani, B.M. Nussair, A. EL Masri, M. R. Arfat, M. M. Khateeb. — Spontaneous ruptured and intact bilateral ectopic pregnancy-a case report. La Revue de Sante de la Mediterranee Orientale. 13(4), 972, July-Aug 2007.
[14]. Shenoy J.V., Choudhary V., Giles R.W. — Bileteral ectopic pregnancy. J Obstet Gynaecol. **25;** 612-613, 2005.
[15]. Foster HM, Lakshin AS, Taylor WF. Bilateral tubal pregnancy with vaginal delivery. Obstet Gynecol 1982;60:664-6.
[16]. Tabachonikoff RM, Dada MO, Woods RJ, Rohere D, Myers CP. Bilateral tubal pregnancy. A report of an unusual case. J Reprod Med 1998;43:707