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A Case of Undiagnosed Heterotopic Pregnancy In A Primigravida.

Dr.I.Indu, DR.SASHIKALA
Junior Resident
ASST.PROF
**Corresponding author: Dr.I.Indu,*

Abstract: *Heterotopic pregnancy is the co-existence of intrauterine pregnancy and extrauterinepregnancy.It is a rare and dangerous life-threatening situation that is difficult to diagnose therefore easily missed.The incidence in the general population is estimated to be 1 in 30,000.*
Risk factors for ectopic pregnancy are pelvic inflammatory disease,previous ectopic pregnancies or previous surgeries.
We report a 24 years old primigravida who is a case of heterotopic pregnancy for curettage was done outside without any evidence of ultrasonogram 1 ½ months ago.Shepresented in OP with irregular bleeding per vaginum on & off for 1 ½ months.A careful ultrasound assessment led to the diagnosis of left chronic tubalgestation.Surgical intervention with supportive measures resulted in a successful outcome.

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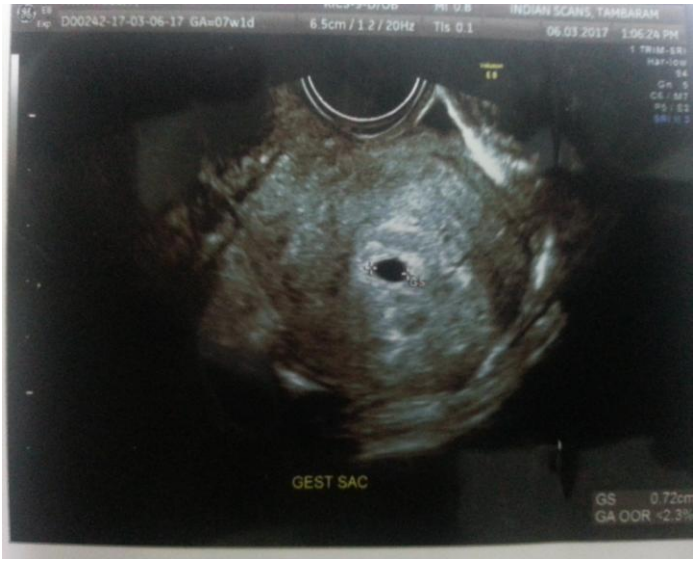
Case Report:

A 24 years old primigravida was seen in our OP with H/O irregular bleeding per vaginumfor 1 ½ months.Patient gave H/O curettage done 1 ½ months back for incomplete abortion without a pre-operative ultrasonogram.On examination she was moderately pale with vitals stable(BP:110/70mmhg , PR:82/min)

Per Abdomen examination: Soft
non-tender
no other mass palapable
Per vaginum examination revealed:A vague mass felt in the left adnexa with cervical motion tenderness.
Her **Urine pregnancy test** was found to be weakly **positive.**

USG Showed:



Vagueheterogenous mass in left adnexa with no vascularity.No ring of fire sign seen,No free fluid in Pouch of douglas.Her HB:8.2gm/dl All other investigations were within normal limits Beta HCG was:6628mIU/ml Repeat Beta HCG (after 48 hrs):6420mIU/ml Laparotomy with partial salpingectomy was

performed(Uterus normal size with vascular tubo-ovarian mass in the left tube)and the specimen sent for HPE.Post-operative period was uneventful. Histopathology of the salpingectomy specimen confirmed chorionic villi suggestive of a chronic ectopic pregnancy.Patient was discharged in good condition.

I. Discussion

Heterotopic pregnancy occurs quite rarely. Its incidence equals 1:30 000 of cases. Early diagnosis of heterotopic pregnancy is often challenging due to the lack of clinical signs and symptoms as well as diagnostic confusion with other early pregnancy issues.The major symptoms are: abdominal pain(83%),surgical abdominal symptoms and shock (13%),vaginal bleeding(50%) of cases. In the described case,she presented with vaginal bleeding on and off for a duration of 1 Month & 15 days with a history of D&C done a month back for incomplete abortion without any preoperative ultrasound evidence of abortion.After obtaining all the history from the patient,she undergone an ultrasound which showed the pregnancy was located in the left adnexa.Neverthless,precise imaging of the adnexa of the uterus area by means of transvaginal ultrasound enabled to visualize a pathological structure which might have referred to pregnancy implanted in the adnexal region.This confirms the opinion that the basic diagnostic method in case of heterotopic pregnancy is transvaginal ultrasound examination.

A good history is important to identify risk factors for heterotopic pregnancy such as fertility treatment and tubal pathologies like pelvic inflammatory disease, endometriosis or previous tubal surgeries or abortions. Patients with previous ectopic pregnancy or patients who conceived while using intrrauterine devices are also at risk.

Conclusion

Ultrasound pelvis is mandatory in all pregnant women especially with bleeding.Even in the presence of intra uterine pregnancy,by ultrasonograma complete review of the adnexa should be done to rule out the presence of heterotopicpregnancy,especially in the present day scenario where there is a habit of taking over the counter drugs for abortions.Awareness must be created among the public regarding the importance ofthis ultrasound to reduce the chances of missing heterotopic pregnancies.

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