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Missed Twin Ectopic Post Tubectomy - A Rare Case

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1. Abstract

Unilateral twin ectopic pregnancy is an extremely rare condition, occurring in 1/20.000-250.000 pregnancies with approximately only 100 cases reported till date in literature. This report illustrates a rare case of ruptured twin gestation ruptured tubal ectopic pregnancy. A 34yr old woman G2 P2 and tubal ligation done reported to the emergency with shock and pain in abdomen with amenorrhea of 2 months. Her urine pregnancy test was positive and ultrasonography of left adnexa shows two gestational sacs with yolk sac and fetal embryo separated by thick inter-twin membrane and hemoperitoneum. Exploratory laparotomy with left salpingo-oophorectomy confirms the diagnosis of ruptured ectopic pregnancy.

2. Introduction

Ectopic pregnancy is a significant cause of morbidity and death in women of child-bearing years,especially in countries or areas with poor prenatal care, major risk factors for ectopic preganancy are salphingitis tubal sterilization,In utero exposure to diethylstilbestrol. Unilateral twin ectopic gestation is a rare condition, first described, in 1891 by De Ott [1]. The first unruptured twin tubal pregnancy was described in 1986 by Santos [2]. Unilateral twin ectopic pregnancy is rare occurring with a frequency of 1/20.000- 125.000 pregnancy and 1/200 ectopic pregnancy [3-5]. Moreover, ectopic pregnancy has a recurrence rate of 10% for one and 25% for two or more previous ectopic pregnancies [6]. Twin ectopic is a rare condition with only approximately 100 diagnosed cases worldwide.Female sterilization or tubal ligation or tubectomy is the most accepted method of contraception in India. Female sterilization is one of the best Figure 1&2and effective methods of contraception for women who have completed their family.Here, we report a rare case of unilateral spontaneous twin ectopic pregnancy (left tubal and left ovarian) presenting with 8 weeks of gestation.

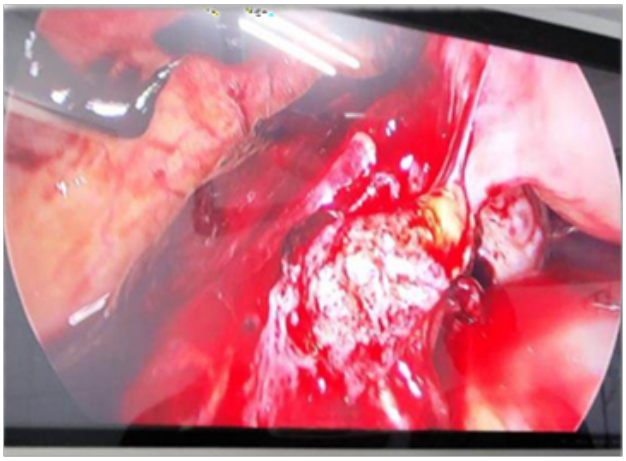

Figure 1: Hematomanear left tube.

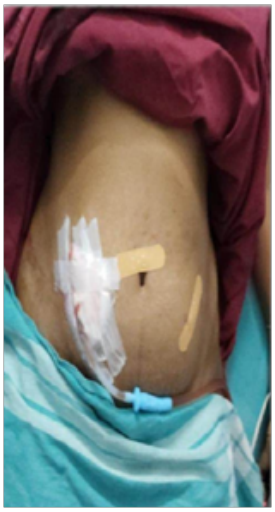

Figure 2:Port postions with drain.

3. Case Summery

A 34 years old woman, gravida 2, para 2 with live issues, all by lower section cesarean section, using tubal ligation as contraceptive with a positive urine pregnancy test presented to our department of emergency medicine, Subbaiah institute of medical sciences as an emergency patient with history of amenorrhea of two months, shock and pain in lower abdomen since 6 to 7 days prior to admission.There was history of her previous menstrual cycles being regular. There was no history suggestive of any major medical or surgical illness in past including tuberculosis. Personal and family history was not contributory Figure 3&5.On general examination, she had pallor and tachycardia with pulse rate of 120/minute regular and blood pressure 70/50 mmHg. On per abdominal examination, per abdomen was distended, diffused, guarding rigidity and tenderness present.Her urine pregnancy test was positive and all her laboratory investigations were sent urgently, with beta-HCG levels more than 1500mIU, so she was subjected for emergency exploratory laparotomy. Intraoperatively, there was severe hemoperitoneum and Extensive intra peritoneal Adhesions along with clots. Left fallopian tube was ruptured and twin ectopic gestation was ruptured into abdomen. Left salpingectomy was the patient did well postoperatively with serial monitoring of hemoglobin levels and vital sign was conducted to assess for any signs of ongoing bleeding or complications and was discharged on 2th postoperative day.

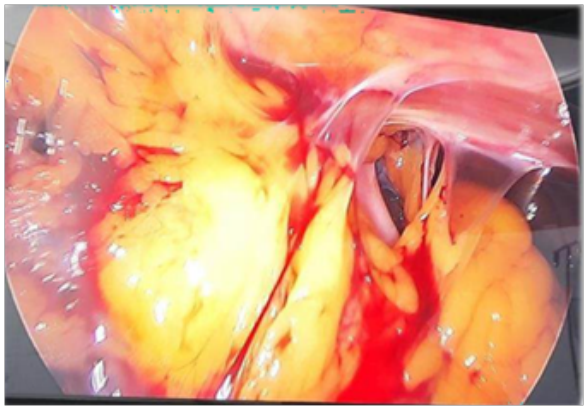

Figure 3: Adhesions to anterior abdominal wall.

Figure 4: Contents or specimen post surgery.

4. 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, with an incidence of 1 in 200 to 1 in 300 pregnancies [7,9]. Ovarian pregnancies are much rarer, occurring in 1 in 6,000 to 1 in 40,000 pregnancies10,11, and account for 0.5% to 6% of all ectopic pregnancies [10,12,13]. Ovarian pregnancies are often associated with the use of intrauterine contraceptive devices, while cases following tubal ligation are exceptionally rare.This occurs because the sterilization process may lead to recanalization or the development of a tuboperitoneal fistula. In such cases, the opening is small enough to allow 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 or reconstruction of the tubal lumen may create blind pouches or slit-like spaces, further increasing the risk of ectopic implantation [14].This particular case is a peculiar case of a unilateral tubal twin ectopic pregnancy who complains of shock - similar cases are exceedingly rare which with very limited instances reported in medical literature so far.Wittich (2004) [15] reported a case of ovarian ectopic pregnancy following postpartum sterilization, attributing it to the tubes being edematous, friable, and congested Figure 5, which led to incomplete occlusion. Similarly, Changsan et al. [16] documented a case of ovarian pregnancy after tubal ligation.

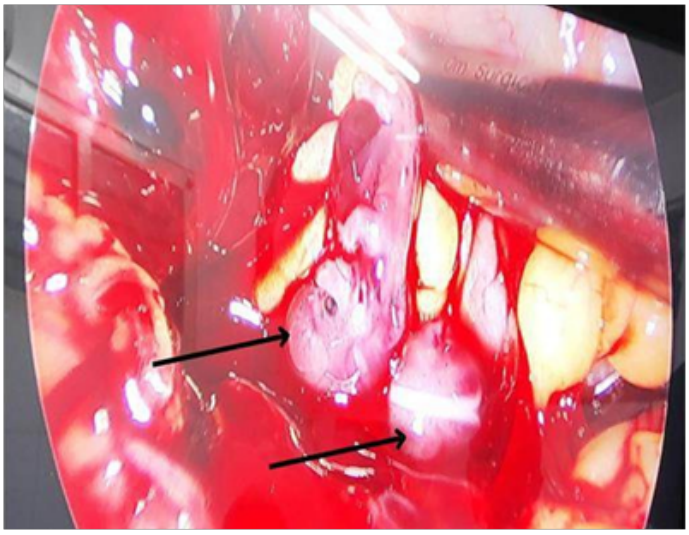

Figure 5:Twin fet us as seen through laproscopy.

5. Conclusion

A high index of suspicion, along with a thorough evaluation of clinical findings and careful interpretation of imaging studies, is crucial for achieving an accurate diagnosis, the chance of early diagnosis of ectopic pregnancy is important due to its high mortality and morbidity risks associated with this condition. EMphazizing the fact that though tubal ligation is done,one should not neglect the possibility of ectopic pregnancy when the patient comes with signs and symptoms of ectopic gestation following amenorrhea.

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