CASE SERIES – RECURRENT ECTOPIC GESTATIONS

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ABSTRACT

Ectopic pregnancy is the important obstetric emergency in first trimester. Ectopic gestation has to be considered as one of the differential diagnosis in every reproductive age group female presenting with pain in abdomen irrespective of obstetric and menstrual history given by the patient. Classical presentation may not be seen in all patients. Here, we have 3 case series of recurrent ectopic gestation in patients with no obvious risk factors. These cases were diagnosed and managed successively with no maternal morbidity or mortality.

KEYWORDS
Recurrent ectopic gestations, SBHCG, Laparoscopic surgery.

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INTRODUCTION: Ectopic pregnancy is the leading cause of maternal morbidity and mortality in first trimester. The incidence of ectopic pregnancy is rising and now accounts for 2% of all pregnancies.(1) Classical triad of amenorrhea, pain in abdomen, and bleeding p/v are seen in <50% of cases. Chances of recurrence in next pregnancy is rare and reported to be about 17-20%.(2) Here, we have 3 cases of recurrent ectopic gestation.

CASE 1: Mrs. D aged 23 years primigravida with married life of 3 months presented with h/o amenorrhea of 6 weeks with pain in abdomen since 1 day. USG suggestive of right-sided ectopic pregnancy of 2 x 3 cm with moderate free fluid in the abdomen. (Fig. 1). SBHCG was-10526 IU/mL. On laparoscopy, right tubal mass in the process of abortion with 300 mL haemoperitoneum noted. (Fig. 2). Right salpingectomy was done. Postop period uneventful. Same patient presented after 3 months with h/o amenorrhoea of 1 month 4 days. UPT was '? weakly +ve'. USG showed no evidence of gestational sac in uterus or adnexa.

Patient was counselled about possibility of recurrent ectopic and repeat USG after 1 week showed a mass of 2 x 2 cm in lift adnexa with no foetal pole or free fluid. SBHCG was 5326 IU/mL. Since the patient had no living issues and had unruptured ectopic gestation planned for medical treatment after admission. Inj. methotrexate 50 mg IM given and followed up with weekly BHCG. Patient`s response was good and mass resolved.

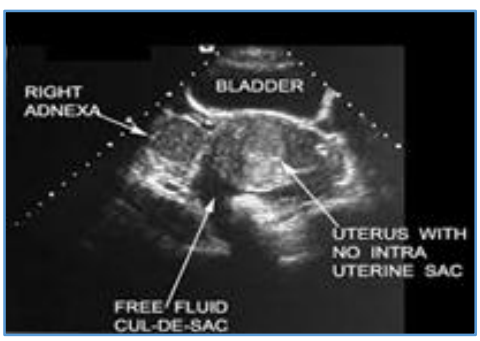

Fig. 1: USG picture

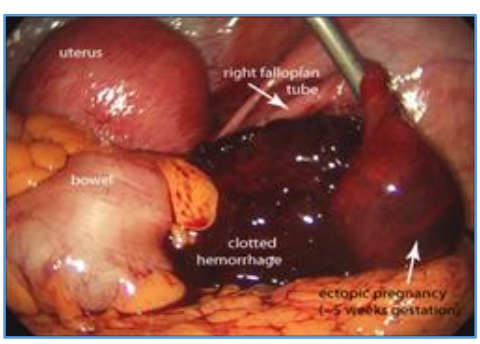

Fig. 2: Laparoscopic picture

CASE 2: Mrs. A. aged 26 years primigravida with 7 weeks of amenorrhoea presented with pain in abdomen and bleeding p/v since 4 hours. USG s/o left-sided ruptured ectopic pregnancy with moderate free fluid in the peritoneum. Patient underwent laparoscopic salpingectomy and postop period was uneventful. She presented again after 1 year with similar history and features s/o ruptured ectopic pregnancy. Repeat D`scopy showed recurrent ectopic gestation at previous salpingectomy stump forming mass which had ruptured and bleeding. (Fig. 3). Stump was excised and base of the stump was cauterised.

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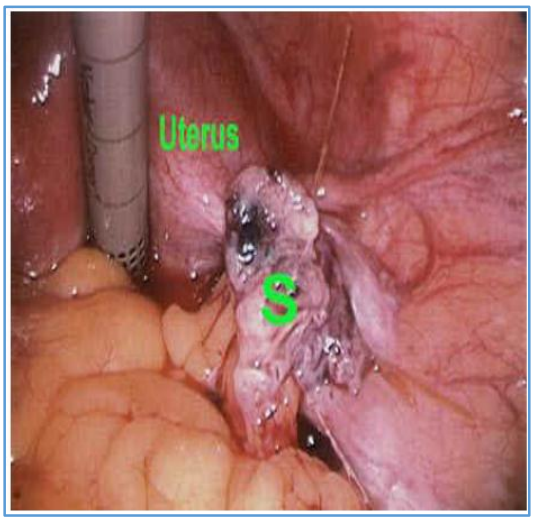

Fig. 3: Stump ectopic pregnancy

CASE 3: Mrs. S aged 26 years married for 6 year treated for infertility before had spontaneous conception this time and presented around 6 weeks with h/o on & off spotting p/v since 3 days and pain in abdomen since 1 day. On evaluation, USG showed left adnexal mass of 4 x 5 cm with moderate amount of free fluid in the peritoneal cavity. Diagnostic laparoscopy showed left tubal ruptured ectopic with haemoperitoneum of 500 mL. Left salpingectomy was done. She presented after 2 years with similar complaints. USG s/o right adnexal mass of 2 x 3 cm with free fluid in abdomen. D`scopy showed right tubal ectopic mass ruptured and bleeding. Since the tube was unhealthy, right salpingectomy was done. Patient was counselled for ART in the future.

DISCUSSION: Incidence of ectopic pregnancy is on the rise. PID, ART procedures, anatomical defects of the tube may be the important causes.[3] Classical presentation may not be seen in all presentations. These 3 cases reported have occurred in young patients not having any obvious causes. High index of suspicion has helped in early diagnosis. Awareness of risk factors and improved diagnostic modalities like SBHCG and USG help in early diagnosis.[4] Medical line of management or conservative surgery helps in reducing morbidity.

CONCLUSION: Chances of recurrence in ectopic pregnancy is reported around 17-20%.[5] High index of suspicion and early diagnosis help in following conservative surgery or medical line of treatment.[6,7] Every patient of one ectopic should be counselled about the chances of recurrence and to be told about early presentation in next pregnancy. This may help in preservation of fertility and reduction of morbidity and mortality.

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