

# An Unusual Case Of Spontaneous Heterotopic Pregnancy

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## Case Description

### Initial Presentation

- 34 year old nulliparous woman
- Confirmed 7-week pregnancy
  - gestation sac seen on antenatal scan
- Self-presented to Surgical Ambulatory Clinic with sudden onset right lower quadrant abdominal pain

### Past Medical History

- Previous miscarriage
- Previous thyroid lobectomy for benign disease
- No history of fertility treatment

### Examination / Investigation

- Tender lower abdomen, no guarding or rebound tenderness
- Bloods - unremarkable, normal WCC & CRP, Beta-HCG elevated

## Radiology Findings

- Patient counselled and consented for MRI;
- Intra uterine Gestational sac
- Right tubal abnormality
  - ?Hydrosalpinx
  - ?Ectopic pregnancy



Figure 1: T2 saggital MRI showing adnexal mass

## Outcome

- Reviewed by Gynae & consented for laparoscopy
- Operative findings:
  - Haemoperitoneum ~100ml
  - Right tubal mass - confirmed ectopic pregnancy
- Laparoscopic right salpingectomy
- Recovery uneventful

## Discussion

- Intrauterine & extrauterine pregnancies can occur together
- First reported in 1708 as an autopsy finding
- Incidence 1/100 to 1/500 with fertility treatment e.g. in vitro fertilisation
- Rare in spontaneous conception - 1 in 30,000 pregnancies
- Difficult diagnosis when patient not in shock
- Beta-hCG higher than period of gestation with IU pregnancy
- Serial haematocrits may show fall in Hb
- Imaging showing intraperitoneal free fluid
- Treatment options: salpingectomy, aspiration of haematosalpinx, installation of potassium chloride or prostaglandin in to gestational sac

## Learning Points

- Heterotopic pregnancy is a rare diagnosis in the absence of fertility treatment but an important differential to consider for pregnant women presenting with abdominal pain and normal inflammatory markers
- Patient may not always present with haemodynamic shock
- MRI is a useful investigation in this instance and will likely show characteristic features of both pregnancies

### References

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