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Case Report: Tubal Stump Ectopic Pregnancy

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Background

Ectopic pregnancies (EP) account for 1-2% of all pregnancies[1] and yet are the most common cause of death in the first trimester[2]. 90% of EPs occur in the ampulla of the fallopian tube. Rates of tubal stump EPs are extraordinarily rare, making up 0.4% of all ectopic pregnancies[3].

Case

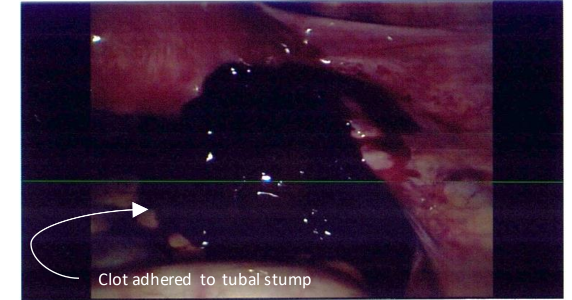
A 28-year-old G4P2 female presented with sudden onset right lower quadrant pain. She previously had one tubal ectopic, managed with histologically verified right salpingectomy. Her bHCG was 1588 IU/L. Ultrasound was suspicious for ruptured right-sided ectopic pregnancy with a corpus luteum on the left ovary. Laparoscopy was performed due to severe ongoing pain.

A large organised clot was seen adhered to the right tubal stump and removed, revealing an actively bleeding but otherwise normal appearing tubal stump. The tubal remnant was diathermised and washout of haemoperitoneum performed. Left tube appeared normal.

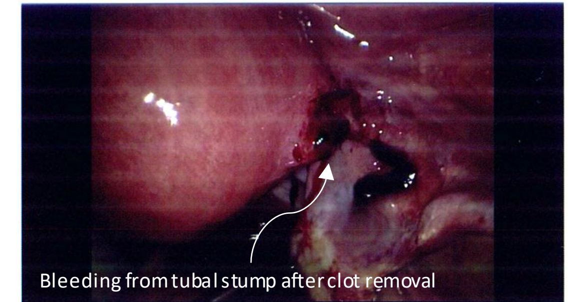
Discussion

Tubal stump EPs are a rare, potentially life-threatening event and diagnosis is often delayed. An isthmic ectopic pregnancy has an increased mortality rate of 2.0–2.5% as opposed to 0.14% in most other cases of EPs[4], therefore urgent diagnosis and treatment is warranted. It is likely in this case that a spontaneous abortion had already occurred and deposited in the adhered clot, allowing for diathermy to the tubal remnant alone. This is in contrast to a salpingectomy of the remaining tube and pregnancy within which is the most common form of surgical management[5]. Histological sampling was not possible and therefore we have recommended this patient track her bHCG to 0.

Theories for the mechanism behind tubal stump ectopic pregnancies are twofold; either the remaining portion of the tube may recanalize post salpingectomy[6] or the ovum is fertilised via the contralateral tube which then migrates to the tubal stump[7]. In any case, complete removal of the tube is advised at time of initial salpingectomy to potentially prevent this rare but dangerous event from occurring.



Clot adhered to tubal stump



Bleeding from tubal stump after clot removal

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