

Laparoscopic management of a ruptured interstitial ectopic pregnancy: Is it conventional?

Background

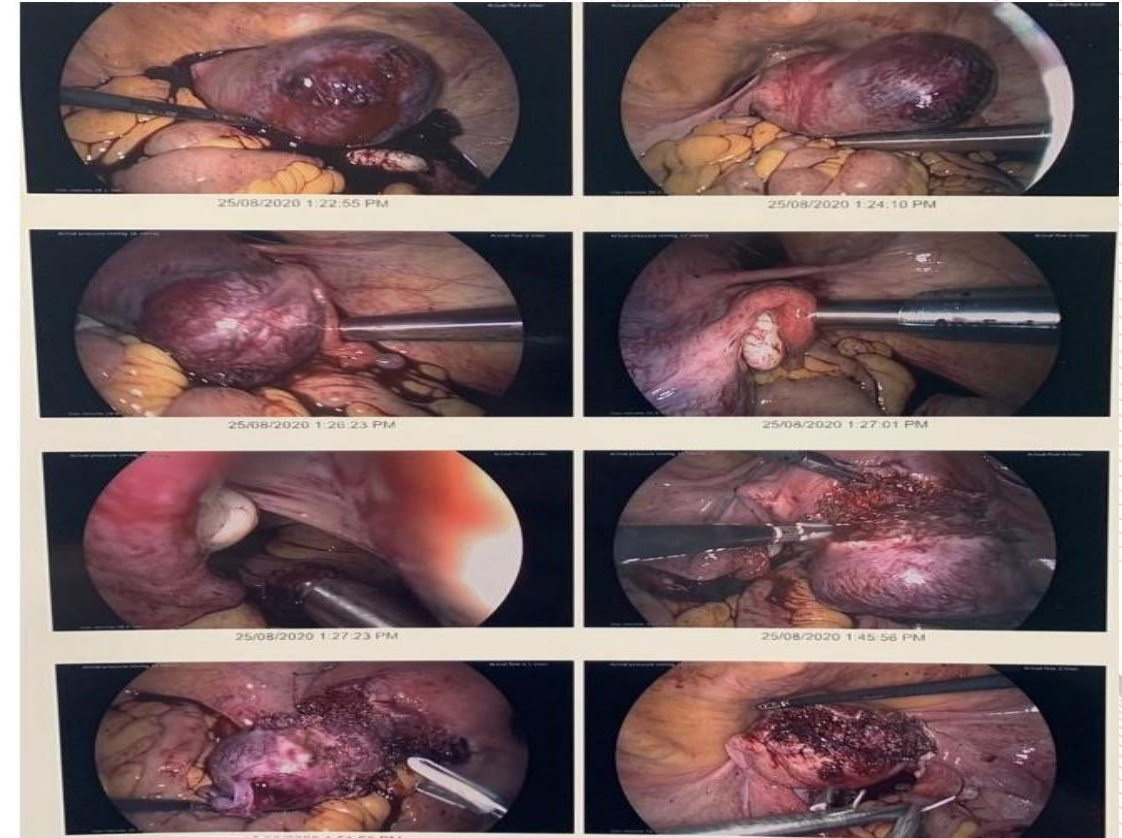
Interstitial ectopic pregnancies are rare and account for 2-4% of all ectopic pregnancies but contribute to 20% of ectopic mortality with a mortality rate of 7 times higher than other ectopic. Approximately 43% of interstitial ectopic pregnancies are ruptured during presentation. Here we present a case of difficult laparoscopic wedge resection to preserve patient's fertility by avoiding a hysterectomy.

Case

36 year old female presented to the Emergency Department following a collapse at home with a GCS of 7. She was tachycardic and hypotensive, with a peritonitic abdomen and had a blood gas Hb of 40 and lactate of 7. She had a history of 4 previous vaginal births and missed her last period. A provisional diagnosis of a ruptured ectopic pregnancy was made. Intra-operatively, a diagnosis of ruptured right interstitial pregnancy ~5cm was made with a total of 3.5L of haemoperitoneum. A wedge resection and a right salpingectomy was performed along the thinnest part of myometrial capsule. Closure of myometrium and serosa was performed with continuous 2.0 V-loc sutures. Histopathology confirmed a ruptured interstitial pregnancy. The serum BHCG was 30,700 IU/L. Post-operatively, the patient was counselled on the use of contraception, and an elective caesarean at 37 weeks for future pregnancies.

Discussion

Laparoscopy is an effective and safe method for the management of ruptured interstitial ectopic pregnancies. An individualised patient approach in line with clinician's expertise, anaesthetic support, the size of the interstitial ectopic pregnancy and patient's desire for future fertility should determine surgical treatment modalities.



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