

# Rare case of ipsilateral tubal stump ectopic pregnancy ten weeks after laparoscopic salpingectomy for right tubal ectopic pregnancy

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## Background

The definition of ectopic pregnancy is implantation of a fertilized ovum anywhere outside of the uterine cavity. The incidence of ectopic pregnancy is reported between 1%-2% and ruptured ectopic pregnancy is still feared by almost all clinicians till date due to its maternal mortality and morbidity. Incidence of tubal stump pregnancies are extremely rare but as clinicians we do come across them time to time.

## Aim

- To highlight the extremely rare possibility of ipsilateral tubal stump ectopic pregnancy within a short period of time following a laparoscopic salpingectomy.
- To maintain high degree of suspicion for tubal stump ectopic pregnancy with previous salpingectomy.

## Case

A 25-year-old female was referred to our hospital emergency department due to rising serum beta HCG and a suspicious pelvic ultrasound scan findings for an ectopic pregnancy. She was G3P1. Her first child was delivered with forceps. She had a laparoscopic right salpingectomy for a right tubal ectopic pregnancy around ten weeks ago. It was confirmed as ectopic pregnancy by the histopathology report. Patient recovered well after her initial surgery and her BHCG down trended from 3690 IU/L to 105 IU/L over the span of eight weeks. As she developed some vaginal spotting ten weeks after her initial surgery, she was investigated with Beta HCG and a pelvis USS.

She had no significant past medical or surgical history apart from above. She was hemodynamically stable with some mild tenderness over her right lower abdomen on examination at the time of admission. Her hemoglobin and beta HCG were 127 g/L and 5080 IU/L respectively. Pelvis USS showed an empty uterus with a cystic structure with a thick echogenic wall on the right side of uterus with a yolk sac of 2mm but without a fetal pole. It was also suggestive of small hemoperitoneum in pouch of Douglas.

## Results

She had a diagnostic laparoscopy and excision of right tubal stump ectopic pregnancy. Intraoperative findings were 2-3 cm ectopic pregnancy in superficial to right cornua without being deeply embedded within muscle and approximately 150 ml of hemoperitoneum. She recovered well after the surgery.



## Discussion

The incidence of tubal stump ectopic pregnancy is rare and there are only few case reports mentioned in literature. Tubal stump ectopic pregnancy should be one of the differentials when we come across an ectopic pregnancy with a history of previous salpingectomy.

## References

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