

Case Report : Rectal Ectopic Pregnancy-Diagnosis and Management

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Aim: To present a very rare case of Rectal Ectopic Pregnancy

Background: Abdominal ectopic pregnancy is an extremely rare type of ectopic pregnancy which comprises about 1.6% of all ectopic pregnancies. Combination of clinical symptoms with imaging techniques such as Ultrasound, MRI or CT with serial HCGs can be used to detect an abdominal pregnancy at an early stage

Case: 27-year-old woman G2P0 presented to the hospital with delayed periods and minimal bleeding at 7 weeks and 6 days post LMP. TVS showed decidual reaction with no intrauterine growth, empty endometrial cavity. GS and foetal pole was seen adjacent to right adnexa without cardiac activity was 12580 IU. Was offered laparoscopic salpingectomy given the size and HCG level to which the patient consented.

On laparoscopy, it was found to be abdominal pregnancy embedded in the rectum.

Gestational tissue was dissected from bilateral uterosacral ligament, posterior cervix and rectum. Small amount of gestational tissue was densely adherent to the rectum and a decision to leave it in view of possible damage to rectum was undertaken. Flo seal and packing for haemostasis due to friable mesentery and rectal tissue was made

Follow up with serial HCGs was organized with subsequent fall in HCG level to zero was observed in the next 6 weeks.

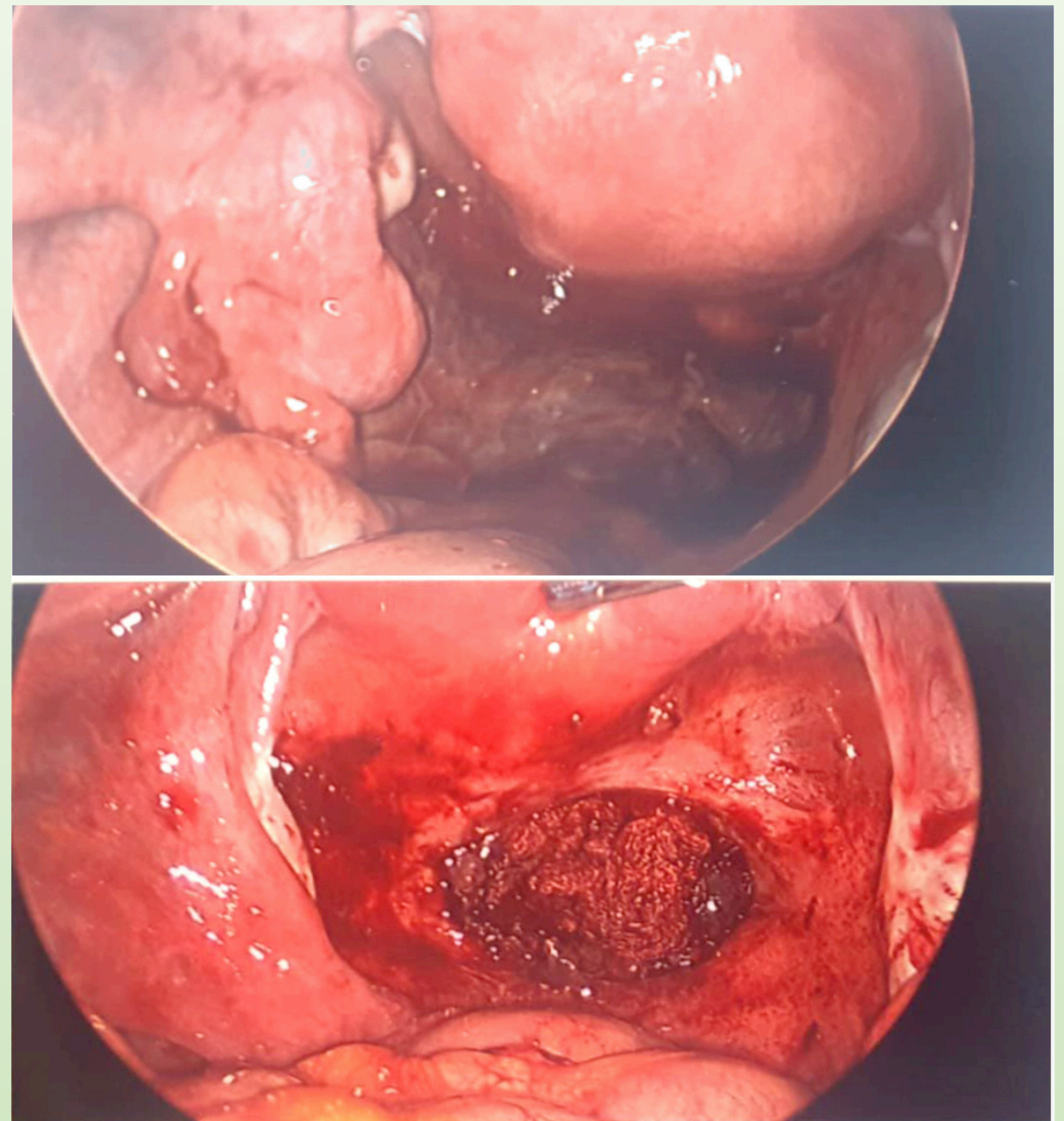


Fig 2 :Rectal Ectopic pregnancy removed

Conclusion: Abdominal ectopic pregnancy is a rare condition and usually results from implantation due to a tubal rupture. However, in this case, since the tubes and ovaries showed no evidence of injury and no uteroperitoneal fistula, it can be considered as a primary abdominal pregnancy. It was also densely adherent to rectum with no other area of blood supply except posteriorly from the rectum was seen. Timely diagnosis and management of a rectal ectopic with involvement of MDT is crucial in reducing morbidity and mortality due to complications from the same.