

# A Case Report of a Heterotopic Pregnancy Presenting as Two Ectopic Pregnancies

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## Background

Heterotopic pregnancy is a rare condition where an intrauterine pregnancy and an extrauterine pregnancy occur simultaneously<sup>1</sup>. The incidence has been reported as increasing with assisted reproductive technologies (ARTs) becoming more widely used<sup>1</sup>. Other risk factors reported include pelvic inflammatory disease (PID), previous pelvic surgery, previous fallopian tube damage or pathology<sup>2</sup>.

## Case

A woman in her 20s presented to an Emergency Department with an ultrasound report showing concern for two ectopic pregnancies, one in the right uterine cornu and the one in the right adnexa. Based on her last menstrual period, she was approximately 6 weeks' gestation with spontaneous conception. A repeat ultrasound was suspicious for a heterotopic pregnancy, with an intrauterine pregnancy of unknown viability and a suspected right tubal ectopic pregnancy. She was initially managed conservatively in an outpatient setting with serial ultrasounds and serology tests for 13 days. These confirmed a heterotopic pregnancy with a viable intrauterine pregnancy and an increasing size of the right ectopic pregnancy. During this time, she reported dull right lower quadrant abdominal pain but otherwise well. She underwent a diagnostic laparoscopy which found an approximately 3cm unruptured right tubal ectopic and was removed by salpingectomy.

## References

1. Heterotopic pregnancy after ovulation induction and assisted reproductive technologies: a literature review from 1971 to 1993. J Tal et al. <https://pubmed.ncbi.nlm.nih.gov/8752602/>
2. Management and outcome of 25 heterotopic pregnancies in Zhejiang, China. Y Yu et al. <https://pubmed.ncbi.nlm.nih.gov/25012396/>

## Results

The histopathology from surgery confirmed a right fallopian tube ectopic pregnancy. At time of writing, the patient has an ongoing pregnancy and has made a full recovery post operatively.

## Discussion

Although rare, all women with abdominal pain or vaginal bleeding with a positive pregnancy test should have a differential of ectopic or heterotopic pregnancy. Serum beta-human chorionic gonadotropin and ultrasonography will aid in diagnosing a heterotopic pregnancy. If a heterotopic pregnancy is treated appropriately and within time, a favourable outcome of a continuing pregnancy with a full post-operative recovery can occur. The focus of management is termination the ectopic pregnancy with minimising harm to both the patient and the viable fetus, often requiring surgical management to ensure this. Patient education should be reinforced at every opportunity.

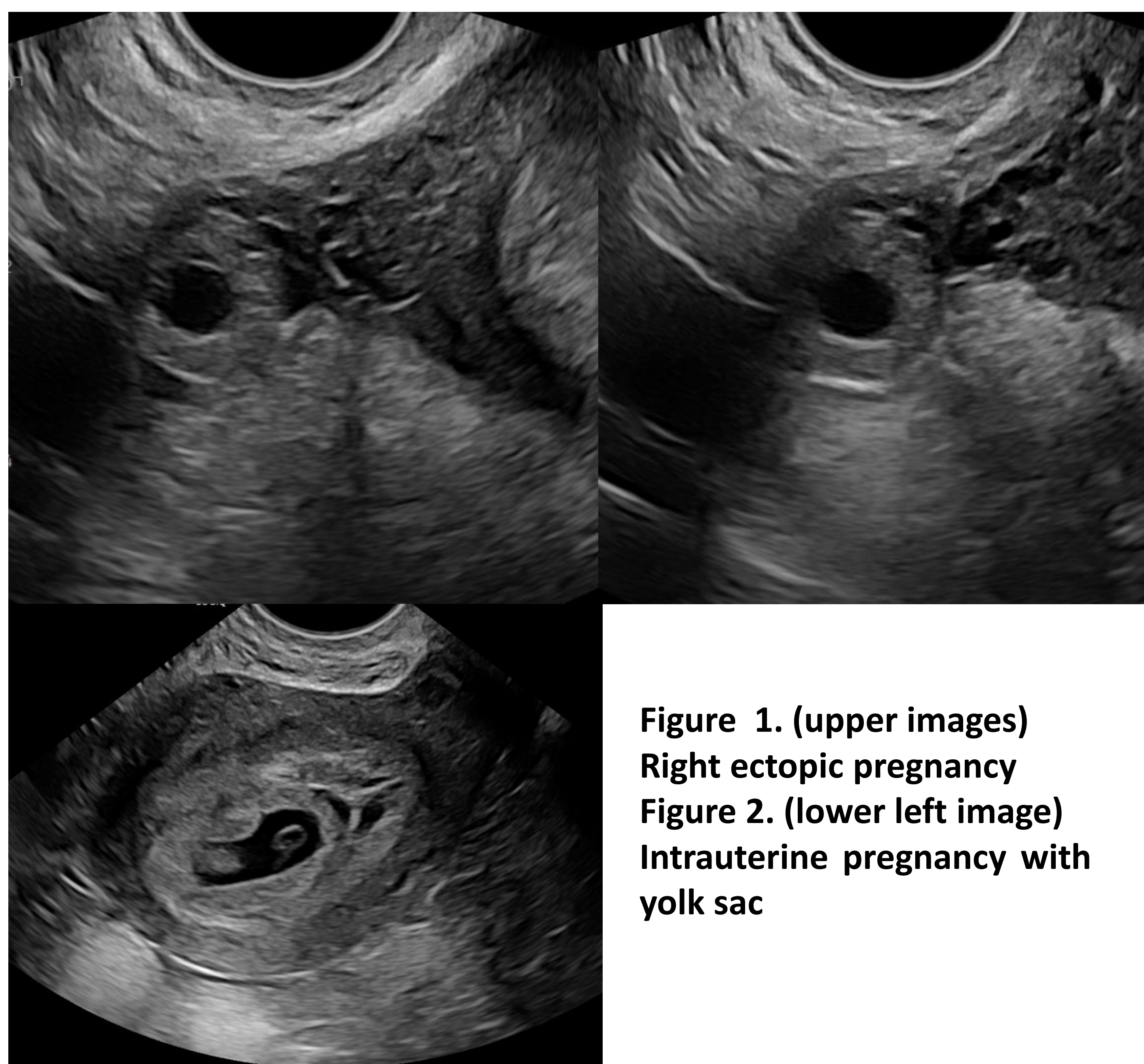


Figure 1. (upper images) Right ectopic pregnancy  
Figure 2. (lower left image) Intrauterine pregnancy with yolk sac