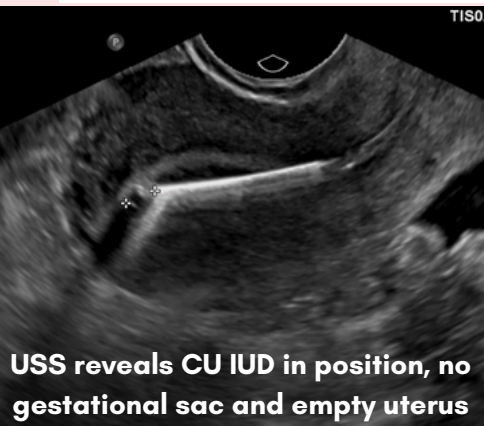


ABDOMINAL ECTOPIC PREGNANCY



TISO

Ectopic pregnancies make up 1-2% of pregnancies, with most (95%) being tubal pregnancies. Rarer locations for ectopic pregnancies include cervical (1-3%), ovarian (1-3%), cornual or interstitial (2-4%) and abdominal (1.3%). Abdominal ectopic pregnancies can either be primary where implantation occurs directly into the abdomen, or secondary, where an embryo first implants onto the tube or ovary and is then re-implanted in the abdomen. Diagnosing ectopic pregnancies in rare locations can be difficult, and the failure to do so can lead to severe complications. The presentation of this case aims to reiterate the importance of a thorough abdominal survey.

CASE STUDY

Presentation

24F G2P0 (previous sTOP) presents with abdominal pain with a Cu IUD in situ. She has a soft abdomen, tender suprapubically with rebound and percussion tenderness. Her serum B-HCG is 1456 and an ultrasound reveals moderate volume complex fluid in the Pouch of Douglas, no pregnancy seen and a Cu IUD in the correct position.

Intraoperative Findings

Normal uterus, bilateral tubes, ovaries, and RUQ with a corpus luteum on right. A haemoperitoneum was seen which was reaccumulating. An abdominal survey noted clots in the omentum. After washing, a bleeding point was identified with possible ectopic tissue which was resected via a partial omentectomy.

Histopathology

The following day she was stable and her pain had improved. The B-HCG reduced by greater than half and was monitored to 0. Histopathology found cytotrophoblasts and a single syncytiotrophoblast. At follow up, she was well and was offered an alternative form of contraception.

DISCUSSION

As demonstrated in this case, a thorough abdominal survey is critical to patient safety, particularly in instances where there is concern for an ectopic pregnancy and laparoscopic examination of tubes and ovaries reveal no abnormalities. Research has shown that a meticulous abdominal survey is paramount to patient safety(1). In cases where tubes and ovaries are undamaged, a primary abdominal pregnancy is a likelihood, as was exhibited in this case study.



Moderate complex fluid in Pouch of Douglas suggestive of haemoperitoneum