ISSN: 0975-833X

Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 14, Issue, 05, pp.21480-21481, May, 2022

DOI: https://doi.org/10.24941/ijcr.43524.05.2022

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

RESEARCH ARTICLE

UNRUPTURED AMPULLARY ECTOPIC PREGNANCY: A CASE REPORT

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ARTICLE INFO

Article History:
Received 14th February, 2022
Received in revised form
10th March, 2022
Accepted 24th April, 2022
Published online 30th May, 2022

Key words:

Ectopic Pregnancy,
Laparotomy, Primi.

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ABSTRACT

There is an increased prevalence of ectopic pregnancy in India. The change is also caused by increased prevalence of diabetes, hypertension, hypothyroidism etc. due to life style changes. In this report, we present a case of 26-year-old primi female with right tubal pregnancy. The tubal pregnancy was diagnosed after transvaginal ultrasound examination. However, due to very high levels of beta-HCG and size of adnexal mass, immediate exploratory laparotomy proceed right salpingectomy was performed. After the surgery, the woman was discharged with no further complications.

Citation: ***Vinay Kumar and Vikrant Chauhan*. 2022.** "Unruptured ampullary ectopic pregnancy: a case report". *International Journal of Current Research*, 14, (05), 21480-21481.

INTRODUCTION

The incidence of ectopic pregnancy is to be decreased from 1 in 100 deliveries to 1 in 250. Tubal ectopic often becomes symptomatic in first trimester by eroding the tubal wall and causing hemorrhage and shock. It is very rare for an ectopic to progress into second trimester and remain asymptomatic. Diagnosis of ectopic pregnancy in first trimester can avert rupture and potential mortality and morbidity. We are reporting a rare case of ampullary pregnancy which progressed unruptured until 7weeks with live fetus in situ.

CASE REPORT

A 26-year-old primifemale presented with complaints of sever pain in right side. Urine pregnancy test was positive. Ultrasound examination revealed absence of gestational sac in uterus. Transvaginal ultrasound performed revealed a right-sided ectopic pregnancy. She had complaints of bleed per vaginum, fainting attacks, and pain abdomen. She had regular cycles with normal flow and had been married for 1-year. She had no other risk factors for ectopic pregnancy. On examination, the patient was hemodynamically stable. Abdominal examination revealed a mass in the right iliac region with its size being around 12 × 8 cm, nontender, and borders were not made out.

Vaginal examination revealed a mass in the right fornix with a size of about 12 × 7 cm, felt separately from the uterus with restricted mobility. A bruit was felt in the right fornix. On investigating, her hemoglobin was 12 g%. Gestational sac was seen in right adnexa with live fetus of gestational age 7 weeks with fetal heart rate of 140 bpm. Bilateral ovaries were normal. The patient was taken up for emergency laparotomy after duly obtaining informed consent. Laparotomy revealed a vascular cystic structure in the right tube at the ampullary region measuring about 10 × 7 × 7 cm. Right salpingectomy was done. Uterus was bulky; left fallopian tube and ovary were normal. Histopathology of the specimen showed fallopian tube with ectopic gestation with fetus corresponding to 7week's gestation. Post-operative course of the patient was uneventful.

DISCUSSION

Advanced tubal ectopic pregnancy is rare. Awareness of risk factors and improved technologies like the serum beta HCG doubling time and transvaginal ultrasonography allows for ectopic pregnancy to be identified early. In our patient case, the absence of transvaginal ultrasound done in the first trimester possibly led to the late diagnosis of the ectopic pregnancy. However, in spite of transvaginal ultrasound performed in the first trimester, ectopic pregnancy may be

missed because of the inexperienced radiologists or the presence of an intrauterine gestation in women with heterotopic pregnancy [1].

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