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Bilateral Ectopic Pregnancy

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ABSTRACT

Ruptured ectopic pregnancy is an emergency surgery in which mostly the patient is in severe shock preoperatively. The outcome is excellent in these patients inspite of poor hemodynamics as the vitals pick up dramatically on ligation of the fallopian tube during salpingooopherctomy. In this case report we present a rare case of bilateral ectopic pregnancy which was diagnosed on the table due to the presence of active ooze inspite of attending to the tubal rupture on the right side.

Keywords: bilateral, ectopic, pregnancy

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INTRODUCTION

Almost 2 % of all first trimester pregnancies are ectopic pregnancies. Estimated mortality rate for ectopic pregnancy is 32/1,00,000 deliveries as compared with maternal mortality rate of 7 in 1,00,000 live births.[1]Ectopic pregnancies the leading cause of maternal death in the first trimester accounting for 9 – 13% deaths.[3]

Complications of ectopic pregnancy are mostly due to misdiagnosis or delay in diagnosis which leads to tubal or uterine rupture leading on to massive haemorrhage, shock, DIC and death.

Incidence of bilateral ruptured ectopic pregnancy is extremely rare; 1 in 725 to 1 in 1580 of all ectopic pregnancies.[1] Totally 200 cases of bilateral tubal ectopic pregnancy have been reported in literature to date.[4]

CASE REPORT

A 35 yr old obese (92kgs) female patient presented to the emergency department with severe abdominal pain and in shock.

On examination patient had profuses weating, tachycardia(126bpm),blood pressure was not recordable, peripheral pulses were feable. Two large bore i.v cannulas were inserted in both the upper limbs and volume resuscitation of the patient were started with crystalloids and colloids. Vasopressor support(dopamine infusion) was also started. Urinary bladder was catherised.

A screening USG abdomen was done and the patient was diagnosed to have ruptured ectopic pregnancy on the right side with massive haemoperitoneum. Routine investigations such as blood grouping and typing, hb, urea and creatinine, ECG was done. The patient was taken up for surgery under general anesthesia. The patient was pre-medicated with inj. Gly copy rolate 0.2mg i.v, inj ranitidine 50mg i.v, inj. metaclopramide 10mg i.v, a nasogastric tube was inserted and the gastric contents emptied. The patient was connected to the monitors such as pulse oxymetry, ECG(heart rate 120bpm),NIBP(80/50mm hg).

The patient was induced with inj. fentanyl 200mcg,inj.ketamine 100mg i.v, patient was intubated with 7 mm CETT orally, under inj. succinylscholine 100mg i.v. laparotomy was done and right side salping ooophrectomy was done. Even after attending to one side of ectopic there was continuous oozing though the blood pressure picked up it was not satisfactory. Arrangements for blood transfusion were made. On table bleeding time and clotting time was done and found to be normal. The obstretician proceeded with a thorough laparotomy and it was found that there was an impending tubal abortion in the left side. The obstetrician proceeded with salping oopherectomy on the left side also following which the vitals stabilized. The patient was extubated on table after reversal of neuromuscular blockade and was weaned off dopamine support on table itself. The urine output was monitored meticulously throughout the perioperative period. The post operative period was uneventful and the patient was discharged on the 9^{th} day.

DISCUSSION

Bilateral ectopic pregnancy is extremely rare occurrence. In this case this could not be diagnosed with the screening USG as the patient was extremely obese and due to emergency the bowels were not prepared properly which led to a lot of gas shadows in the abdomen. Even on proceeding with laparotomy due to excessive amount of fat and grossly distended bowel loops the pathology on the other side was initially missed. Only due to the presence of continuous ooze and non stabilization of vitals inspite of ligation of tubes a suspicion arouse and they proceeded with a thorough laparotomy and identified the pathology on the left side also. Due to the young age of the patient and timely intervention and the absence of DIC the outcome was favorable in this case.

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