CASE REPORT

A CASE OF HETEROTOPIC PREGNANCY WITH RUPTURED ECTOPIC PREGNANCY

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HOW TO CITE THIS ARTICLE:

Bhupesh H. Gaikwad. "A Case of Heterotopic Pregnancy with Ruptured Ectopic Pregnancy". Journal of Evolution of Medical and Dental Sciences 2015; Vol. 4, Issue 64, August 10; Page: 11269-11270, DOI: 10.14260/jemds/2015/1625

ABSTRACT: HETROTOPIC pregnancy is rare and life threatening condition which can be easily missed. We are hereby present an interesting instance of heterotopic pregnancy after in-vitro fertilization.⁽¹⁾

KEYWORDS: Heterotopic pregnancy can acutely present with devastating complication.

INTRODUCTION: CASE PRESENTATION: A 25yr old female G₂ P₁ D₁, with one and half month's amenorrhoea was referred from private hospital, with D/D of OHSS or ruptured ectopic pregnancy.

Patient complained of giddiness breathlessness associated with PV spotting and abdominal pain since the same morning. She gave no history of vomiting syncopal attack or fever.

Patient had undergone treatment of infertility with superovulation and IVF. The follow up USG at 5wks.

Showed intra-uterine pregnancy and she was prophylactically started on enoxaparin 20mg S/C once daily.

At admission patients general condition seemed moderate with tachycardia (130/min) and thread pulse. BP was recorded to be 90/40 mm Hg. Patient was severely pale with grade 3 pallor. She had abdominal distension with full flanks. Abdominal paracentesis revealed non-clotted blood.

Per-vaginal examination showed 5 wks sized uterus with left formicial tenderness.^{2,3}

Emergency sonography showed left ruptured ectopic pregnancy with hemoperitoneum with single live 6 wks intrauterine foetus.

She was resuscitated with 2 pints of PCV and was shifted to OT urgently for exploratory laparotomy.

Left isthmic fallopian tube was found to be ruptured for which left salpingectomy was performed. She was monitored in ICU for next 24 hrs during which 2 pints of whole blood were transfused.

USG after 2 days confirmed 6 wks live intrauterine pregnancy. Patient was registered and is being followed up regularly. Now patient came with 35 weeks with IUGR with severe oligohydraminos for which LSCS was done. Baby weight 1.4kg and admitted in NICU for low birth weight.

CONCLUSION AND DISCUSSION: heterotopic pregnancy can acutely present with devastating complications which may require prompt diagnosis and specialist treatment.^{4,5,6,7} IVF treatment patients should be closely followed up so that early detection and management can improve the outcome in such precious intrauterine pregnancies.⁸

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FINANCIAL OR OTHER

COMPETING INTERESTS: None

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Date of Submission: 21/05/2015.
Date of Peer Review: 29/05/2015.
Date of Acceptance: 24/06/2015.
Date of Publishing: 10/08/2015.