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Bilateral tubal ectopic with intrauterine pregnancy (Heterotopic) in spontaneous conception: A case report of rare presentation

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Abstract
Heterotopic pregnancy (HP) means simultaneous presence of intrauterine and extra uterine gestations. It's a very rare condition of having bilateral tubal Ectopic and intrauterine pregnancy. We had a case of young female of 27 yrs. of age with spontaneous conception with severe andominal pain. Ultrasound suggestive of intrauterine and unilateral Tubal ectopic pregnancy with ovarian cyst. We had performed laparoscopy and found bilateral tubal ectopic with intrauterine pregnancy and performed bilateral salpingectomy with cystectomy. Early Diagnosis and timely treatment can prevent fatal complications.

Keywords: Bilateral tubal ectopic, heterotopic pregnancy, spontaneous conception

Introduction
Heterotopic pregnancy means simultaneous presence of intrauterine and extra uterine gestations. It's a very rare condition of having bilateral tubal Ectopic and intrauterine pregnancy. In natural conception cycles, HP is a rare event occurring in less than 1:30,000 pregnancies [1, 2]. It is even rarer to carry both the extra uterine and intrauterine pregnancy to viability [3]. Clinical Presentation may be different and diagnosis is also very difficult by ultrasound. Laparoscopy is gold standard for Diagnosis and management of such cases.
We presented our case of Bilateral Tubal Ectopic with Intrauterine Pregnancy (Heterotopic) in spontaneous conception

Case Report
A 27 yrs. old female presented in our hospital with complaint of severe abdominal pain and bleeding P/V since 12 hrs. She was having 1 month 9 days of amenorrhoea. She had already undergone ultrasound at other centre and was diagnosed for intrauterine pregnancy with tubal ectopic pregnancy. She was having one vaginal delivery 6 yrs. backs and there was no history of infertility and pregnancy was spontaneous in nature.
We evaluated her thoroughly. At our centre we had again performed ultrasound which was S/o-intrauterine irregular G Sac with yolk sac with large collection beside it (sub chorionic Haemorrhage). Right sided unruptured tubal ectopic pregnancy and Right ovary was having multilocualted cyst of 6 x 7 cm in size with normal left ovary and minimal hemoperitoneum. She was having continuous vaginal bleeding-on paravaginal examination-Both Os were open and Products of Conceptions were also Felt. After detailed examination and investigation and detailed discussion and Counselling of patient and her relatives laparoscopy was performed.
In laparoscopy we noticed 100 cc of blood in pelvis with few clots. Uterus was 6 wks. in size. B/L Tubal Ectopic Pregnancy was present with ongoing tubal abortion and right ovary was having multiloculated cyst of 7x7 cm size with left normal ovary. B/L salpingectomy was performed along with right ovarian cystectomy. D & E was performed for incomplete abortion. Post-operative period was uneventful and she was discharged after 24 hrs.

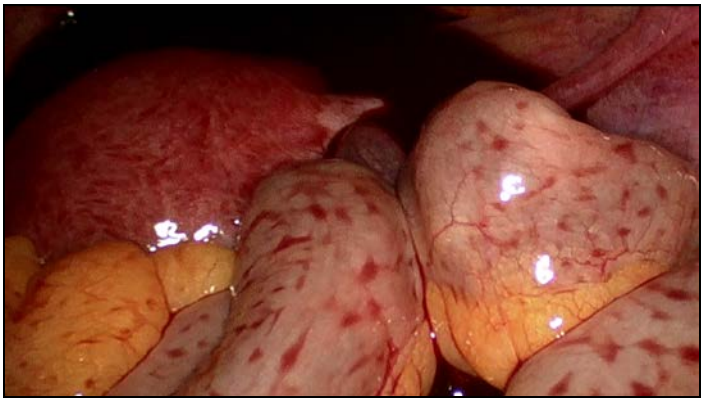

Fig 1: Laparoscopic Picture of Hemoperitoneum

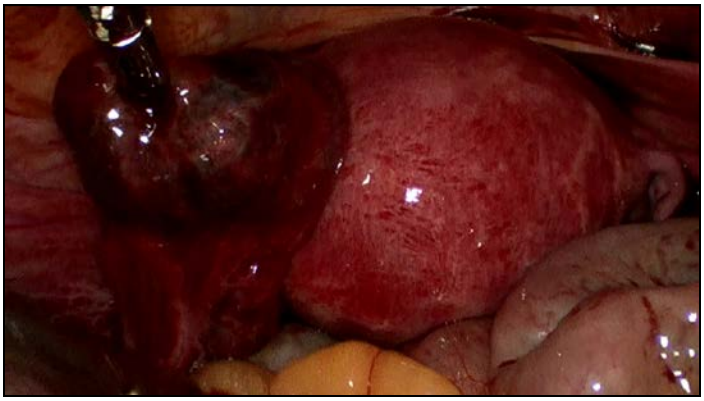

Fig 2: Left Tubal Ectopic Pregnancy

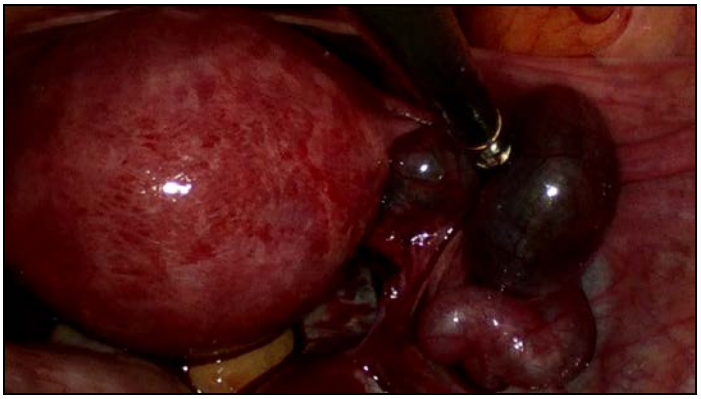

Fig 3: Right Tubal Ectopic Pregnancy

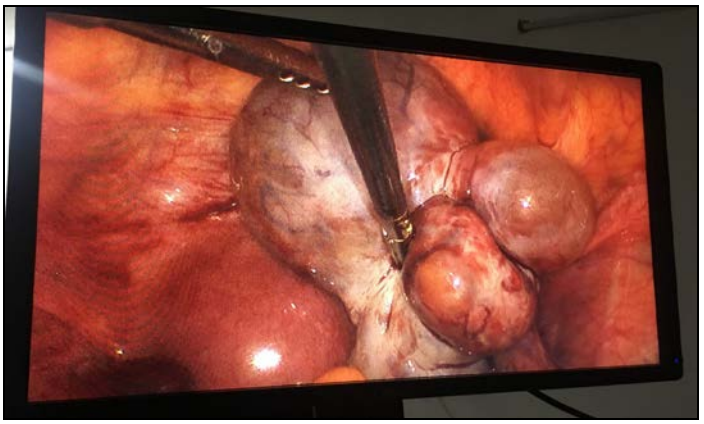

Fig 4: Right Ovarian Cyst

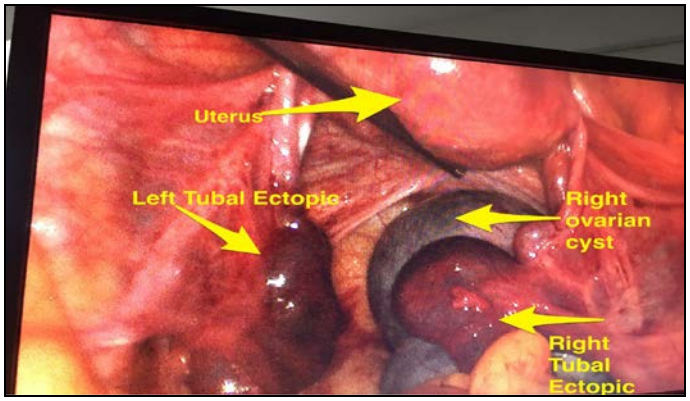

Fig 5: Marking for Better understanding

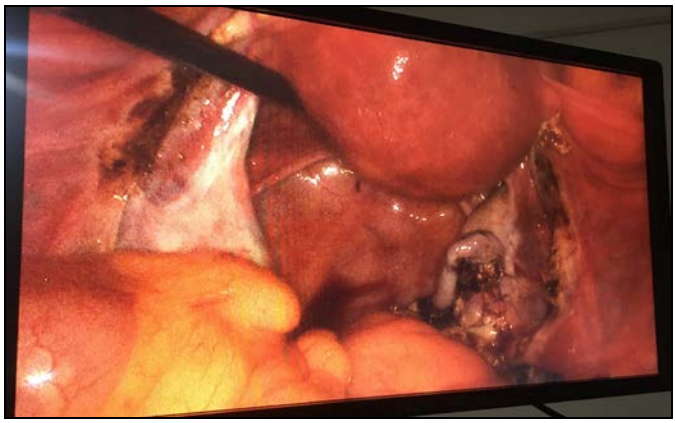

Fig 6: Final Image

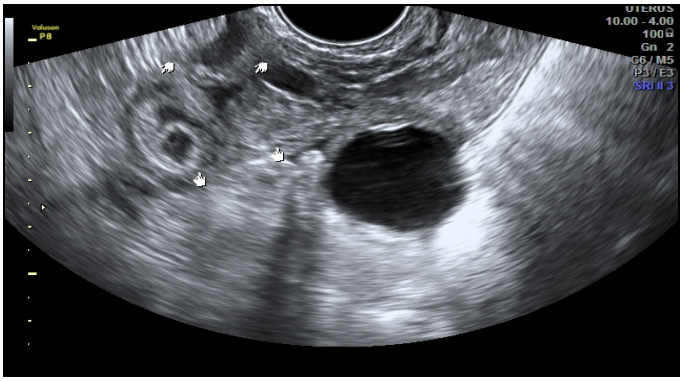

Fig 7: Ultrasound image of right ectopic pregnancy with ovarian cyst

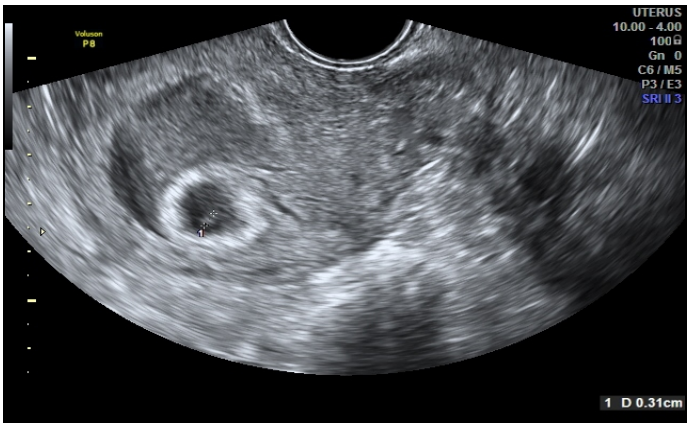

Fig 8: Ultrasound image of intrauterine pregnancy with haemorrhage

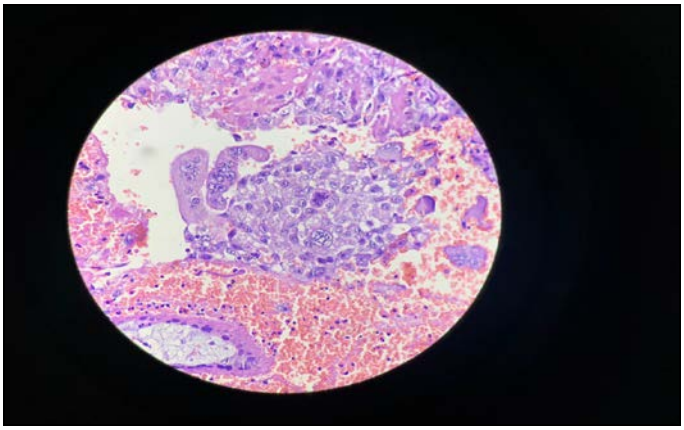

Fig 9: Histopathological report of Ectopic pregnancy – Syncytiotrophoblast and Cytotrophoblast

Discussion

Heterotopic Pregnancy is becoming more frequent because of increased genital infection and especially the wider use of assisted reproductive techniques [4]. This patient was having neither of any. The mechanisms of Bilateral Tubal Pregnancy have been postulated variously as multiple ovulations, trans peritoneal migration of trophoblastic tissue from one tube to the other and superfetation [5, 6]. Multiovulation in her cases remains unexplained.

While unilateral tubal ectopic pregnancy is the commonest form of ectopic gestation, simultaneous Bilateral Tubal ectopic Pregnancy (BTP) is the rarest variety, with a reported incidence of 5 in 1 million deliveries [7]. Higher incidence of BTPs has been seen after the use of Assisted Reproductive Techniques (ARTs) or following ovulation induction [8].

It is very difficult to diagnose bilateral ectopic pregnancy in ultrasound. B HCG may be misleading in BTP. Heterotopic pregnancy is comparatively easy to diagnose in ultrasound. Presence of unilateral ectopic pregnancy or adnexal masses has the same clinical presentation as BTP and therefore, proper interrogation of the other tube with ultrasound may be commonly missed [9]. Thus, ultrasound cannot be advocated as standard of care in the diagnosis of this condition [7].

The management varies depending upon the condition of the patient, extent of tubal damage and the wish for future fertility [7]. Surgical management has ranged from salpingectomy for one tube and linear salpingostomy for the other, to bilateral salpingostomy or bilateral salpingectomy [10]. If available, laparoscopy may be the best option both for diagnosis and management of BTP [11].

Cases of HP are easily suspected and diagnosed in cases where pregnancy is the result of assisted reproductive techniques. In natural conception, the index of suspicion is low and thus the presence of an intrauterine gestation may lead to a delay in diagnosis of an ectopic gestation. Also, once the diagnosis of HP has been made, a systematic search of possible sites of ectopic gestation should be carried out during surgery [12].

Conclusion

Bilateral Tubal Ectopic Pregnancy with Intrauterine Pregnancy (heterotopic) is extremely rare condition. It is very difficult to suspect and diagnose, so chances are there that it can be easily missed.

Increasing Rates of ART may lead to raise such cases but in spontaneous conception as in this case it is rarely found. Laparoscopy remains gold standard for treatment amongst various options available. Early Diagnosis and timely treatment can prevent fatal complications.

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