Spontaneous Heterotopic Pregnancy with Intrauterine Pregnancy Stopped: Case Report and Review of Literature

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Abstract:-Heterotopic pregnancy is defined by the coexistence of an intrauterine and an ectopic pregnancy, regardless of its location. Its occurrence in a spontaneous cycle is rare. It is a form of the bi-ovular dizygote twin pregnancy, . It is a serious and rare pathology that can sometimes involve maternal vital prognosis. We report the case of a patient who was treated for a heterotopic pregnancy at the Department of Gynecology-Obstetrics I, Hassan II University Hospital of Fez. We reported these clinical and ultrasound data as well as the therapeutic management. Metrorrhagia was the main reason for consultation associated with pelvic pain. The diagnosis of heterotopic pregnancy was strongly suspected on ultrasound. The treatment carried out was a radical treatment (salpingectomy) by a mini-laparotomy with an aspirativecurtage for the GIU.

Keywords:-*Spontaneous Heterotopic Pregnancy, Ectopic Pregnancy, Vital Pronostic.*

I. INTRODUCTION

Heterotopic pregnancy is defined by the coexistence of an intrauterine and an ectopic pregnancy, regardless of its location.where one ovum will nest inside the uterine cavity and the other will stop the progress towards the uterus.it is a rare pathology that occurs in 1 case out of 30,000 natural pregnancies.and can be potentially lethal [1]; and therefore the knowledge of this pathology by clinicians is crucial and has both prognostic and functional advantages, It is a pathology that is often unknown, which poses an diagnostic problem and which can engage the maternal vital prognosis. We report a case in which we describe the diagnostic modalities, the management of EP and the evolution of the intrauterine pregnancy.

II. OBSERVATION

Mrs. S.L., 36 years old, with a history of a ruptured extrauterine pregnancy in 2018 with radical treatment by left salpingectomy, admitted to the gynaecological-obstetric emergency department for acute pelvic pain with minimal bleeding red for a week.

Clinical examination found a hyperalgesic patient, with hypotension at 90/50 mmHz, tachycardic at 110 beats per minute, gynecological examination; objectified red bleeding from the endocervix, with the presence of a painful right latero uterine mass.

A rapid conditioning by vascular filling and a complete biological check-up was performed, then a transvaginal ultrasound was performed, which revealed a heterogeneous echogenic intra-uterine image with a long axis of 2.5 cm, evoking a retention image of a stopped pregnancy, and another echogenic right latero-uterine image, evoking a hematosaplinx, associated with a medium-abundant effusion.

A mini laparotomy was performed with aspirated curettage of the stopped intrauterine pregnancy, the exploration of which resulted in a ruptured right ampullary EP with a medium-abundant hemoperitoneum aspirated, and a ruptured tube of very bad quality, so radical treatment was performed. Anapath confirmed the trophoblastic tissues of both intra- and extrauterine localizations.

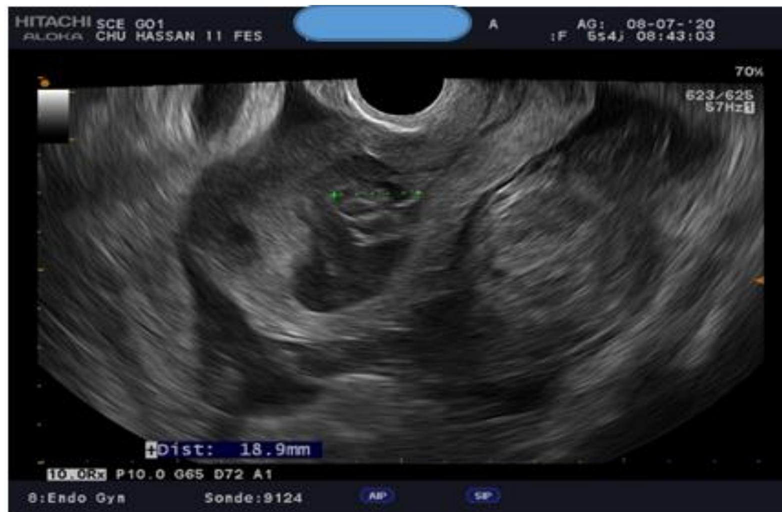

Fig 1:-Tansvaginalultrasound of an aborted intrauterine pregnancy

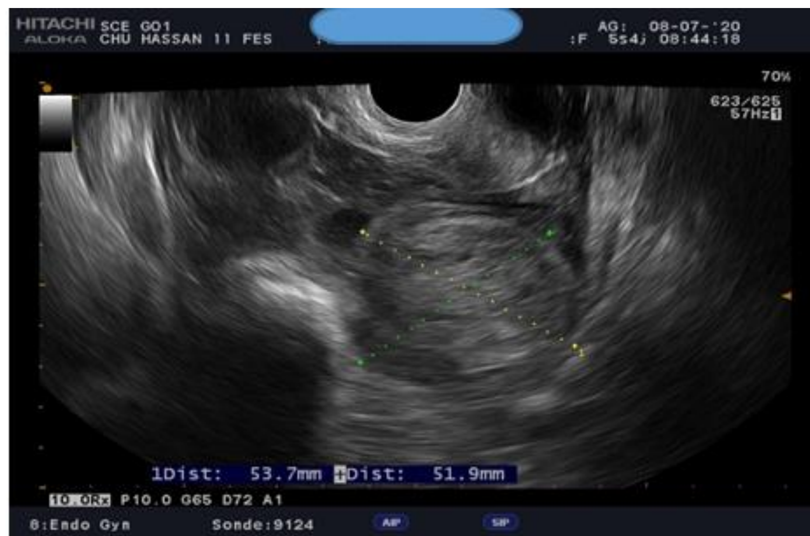

Fig 2:-Transvaginal echo showing a hematosalpix image.

III. DISCUSSION

Heterotopic pregnancy is the combination of an intrauterine pregnancy and an EP in the same patient.

Risk factors for heterotopic pregnancy are similar to those for ectopic pregnancy.

Other common risk factors are exogenous hormones, ovarian factors, zygote abnormalities, unilateral salpingectomy [1]. Our patient had antecedents of left salpingectomy as risk factor.

It has been noted that this pathology is on the increase due to the growing use of artificial reproduction techniques, including ovulation induction, intrauterine insemination, in vitro fertilization and intracytoplasmic sperm injection[2].

Abdominal pain is the most common symptom of HP, although vaginal bleeding and hypovolemic shock are also present [2,3]. Vaginal bleeding and hypovolemic shock often indicate rupture of EP and require emergency treatment. Our patient was admitted to the emergency room complaining of abdominal pain with metrorrhagia and due to the history of these antecedents, an EP was highly suspected.

The success rates of the proportion of live births was 66%, while the rest resulted in early or late miscarriages [4].

Ultrasonography is invaluable in the difficult diagnosis of spontaneous heterotopic pregnancy [9], but no specific investigations are available to screen for HP and therefore clinicians must rely on clinical signs in combination with careful ultrasound examination of the uterus and adnexa [5].

For our patient, the intrauterine pregnancy stopped at the time of her consultation,Ourcase described a case of an EP in the right fallopian tube, with signs of ruptured EP.About half of HP cases are detected in emergency laparotomies due to tubal ruptures [2].in one-third of cases intrauterine pregnancy progresses to spontaneous abortion [6].

The treatment of heterotopic pregnancy consists of the suppression of ectopic pregnancy. A laparoscopic approach is preferable in the absence of contraindications [7].

In our case, an urgent right laparotomy salpingotomy was chosen because of the intraperitoneal fluid and the suspicion of rupture of the EP. The postoperative period was successful with normal growth of the EP embryo, with an aspirative curettage of the intrauterine pregnancy.

IV. CONCLUSION

Heterotopic pregnancies are clearly on the rise.The discovery of EIG in a spontaneous cycle should not exclude the diagnosis of heterotopic pregnancy, which should be suspected in view of abdominal pain, a latero-uterine mass and/or the presence of intra-peritoneal effusion in the first trimester of pregnancy. Coelioscopy is both diagnostic and therapeutic and allows the treatment of EP.

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