

Background

Ectopic pregnancies are the leading cause of maternal morbidity and mortality in the first trimester of pregnancy, with an incidence of 5-10% of all pregnancies. Interstitial pregnancies account for around 10% of all ectopic pregnancies (2). The estimated incidence of bilateral tubal ectopic pregnancies is 1 in 725 ectopic pregnancies (1). In our case, this incidence is even more rare given the sparsity of interstitial ectopic pregnancies.

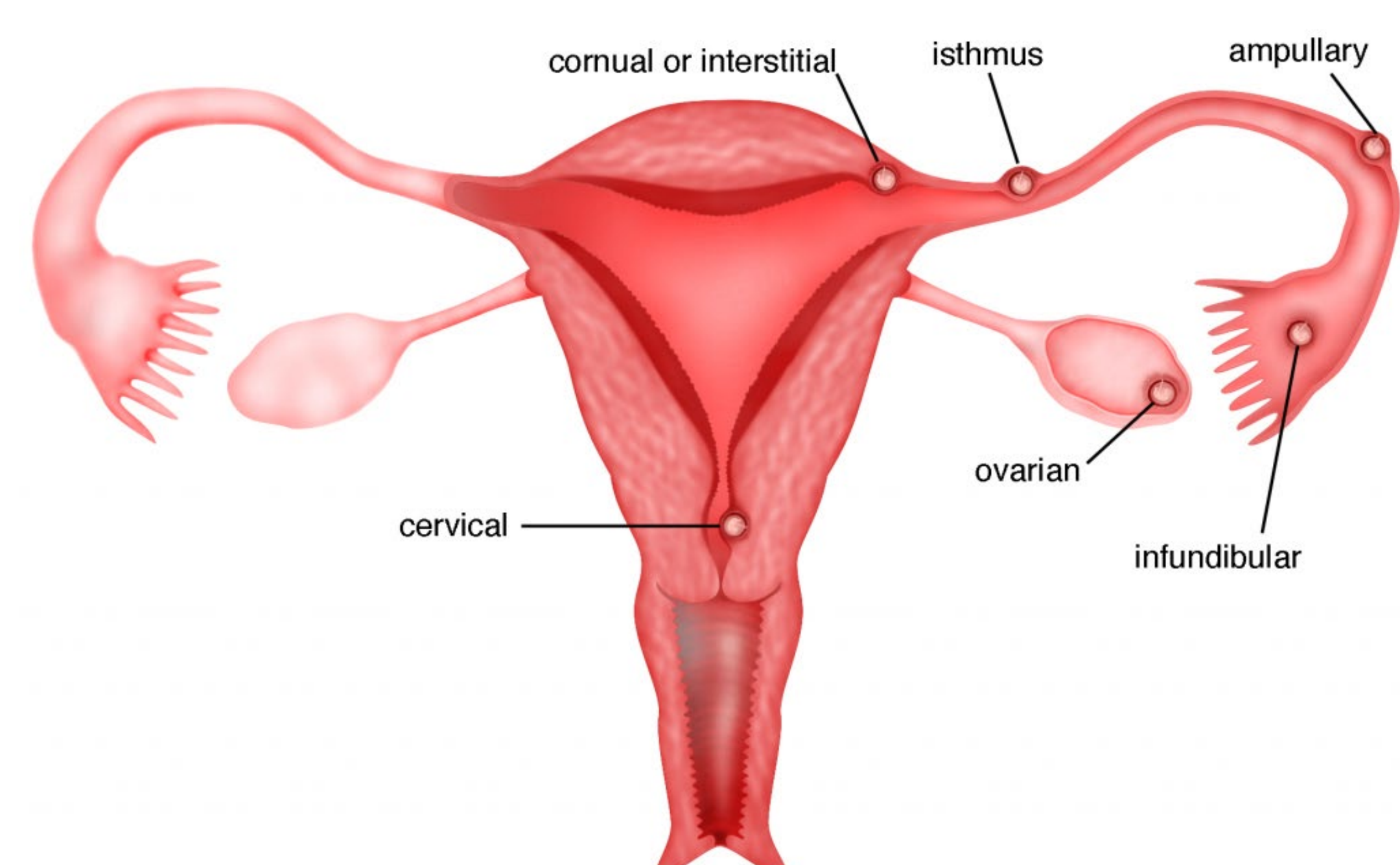


Figure 1: Diagram of ectopic pregnancy locations.

Presentation

24 Y.O. G2P1001 female who presented as a transfer due to abdominal pain and spotting in the setting of pregnancy of unknown location. She was attempting pregnancy and was 5w3d by period dating only.

References

1- Andrews J, Farrell S, Andrews J. Spontaneous bilateral tubal pregnancies: a case report. J Obstet Gynaecol Can. 2008 Jan;30(1):51-54. doi: 10.1016/S1701-2163(16)32713-X. PMID: 18198068.

2- Long Y, Zhu H, Hu Y, Shen L, Fu J, Huang W. Interventions for non-tubal ectopic pregnancy. Cochrane Database Syst Rev. 2020 Jul 1;7(7):CD011174. doi: 10.1002/14651858.CD011174.pub2. PMID: 32609376; PMCID: PMC7389314.

3- Farshidpour LS, Vinson DR, Durant EJ. Bilateral Tubal Pregnancies Presenting 11 Days Apart: A Case Report. Clin Pract Cases Emerg Med. 2023 Feb;7(1):11-15. doi: 10.5811/cpcem.2022.10.56910. PMID: 36859329; PMCID: PMC9983339.

Clinical Course

- Day 0: Beta hCG 1307. Imaging: no intrauterine pregnancy (IUP). Hgb 12.
- Day 2: Beta hCG 1881.
- Day 5: Complaint of severe abdominal pain and vaginal spotting. Beta hCG 5298. Imaging: no IUP with a significant amount of free fluid in the posterior cul-de-sac/right adnexal region. Hgb 8.4.
- Day 5: Underwent an uncomplicated diagnostic laparoscopic right salpingectomy with removal of ectopic tissue.
- POD 19: Beta hCG 1433. Imaging: complicated pelvic fluid, mass in the left pelvis superior to the ovary, and a possible gestational sac, without yolk sac or fetal pole.
- Patient underwent laparoscopic salpingectomy with wedge resection, ectopic removal

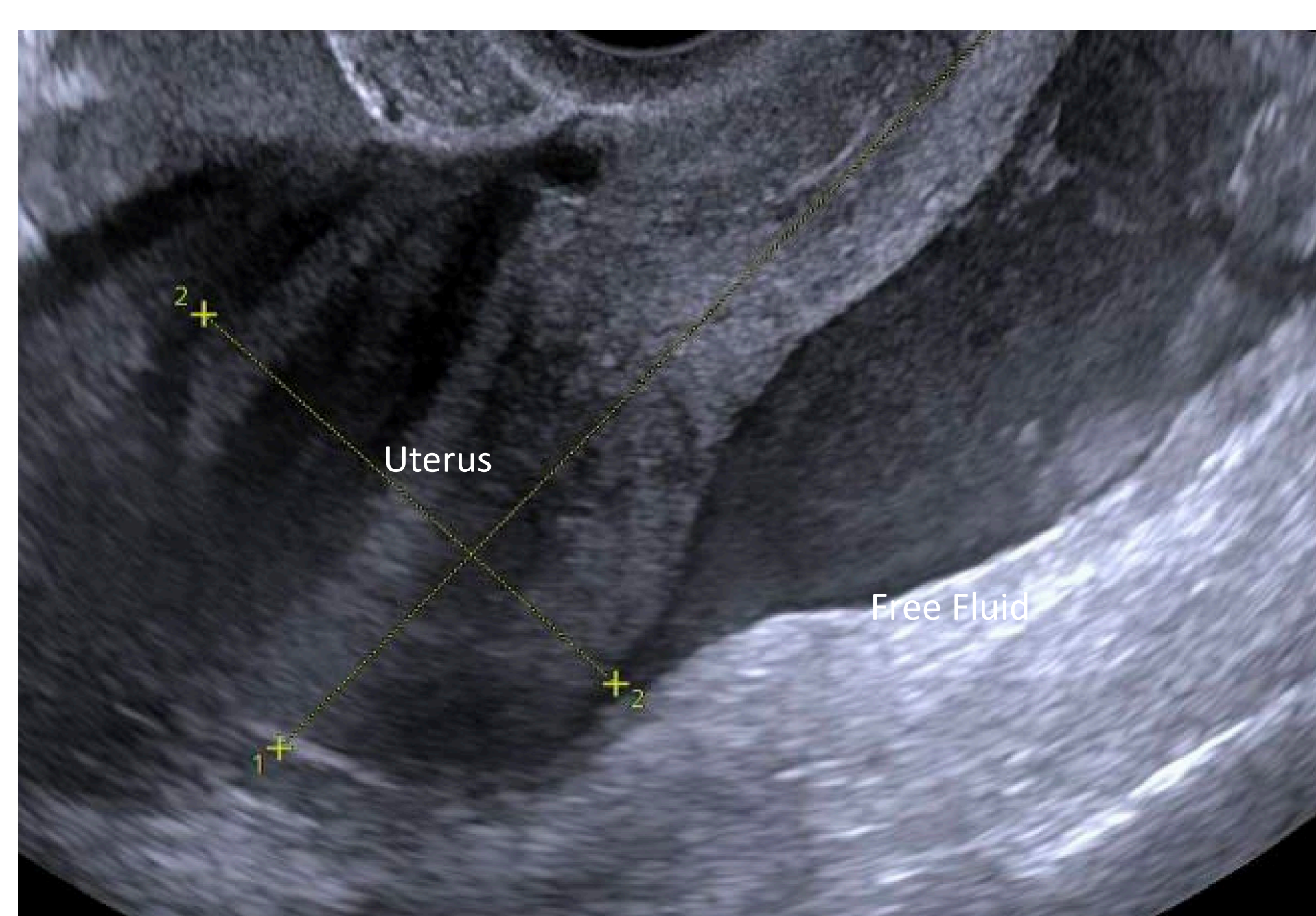


Figure 2: Ultrasound showing free fluid in pelvis with abnormal appearing uterus

Pathology

Surgery #1: Fallopian tube with luminal products of conception, consistent with ectopic.

Her post-operative course was uncomplicated. She did not follow up for further hCG draws until she presented to the ED with a complaint of abdominal pain.

Surgery #2: Ectopic cornual pregnancy, ruptured.

Imaging

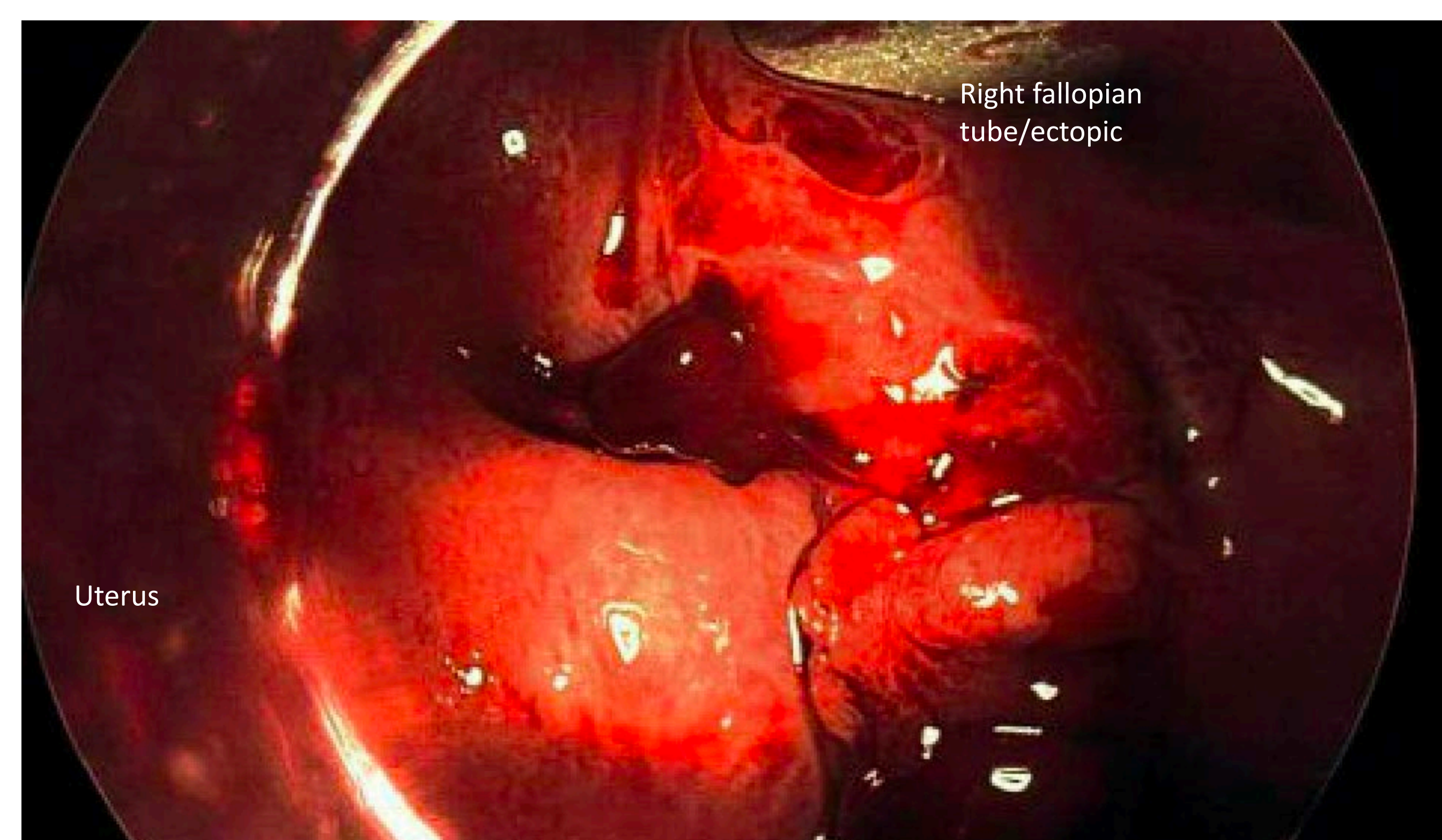


Figure 3A: Ruptured right ectopic located in the fallopian tube.

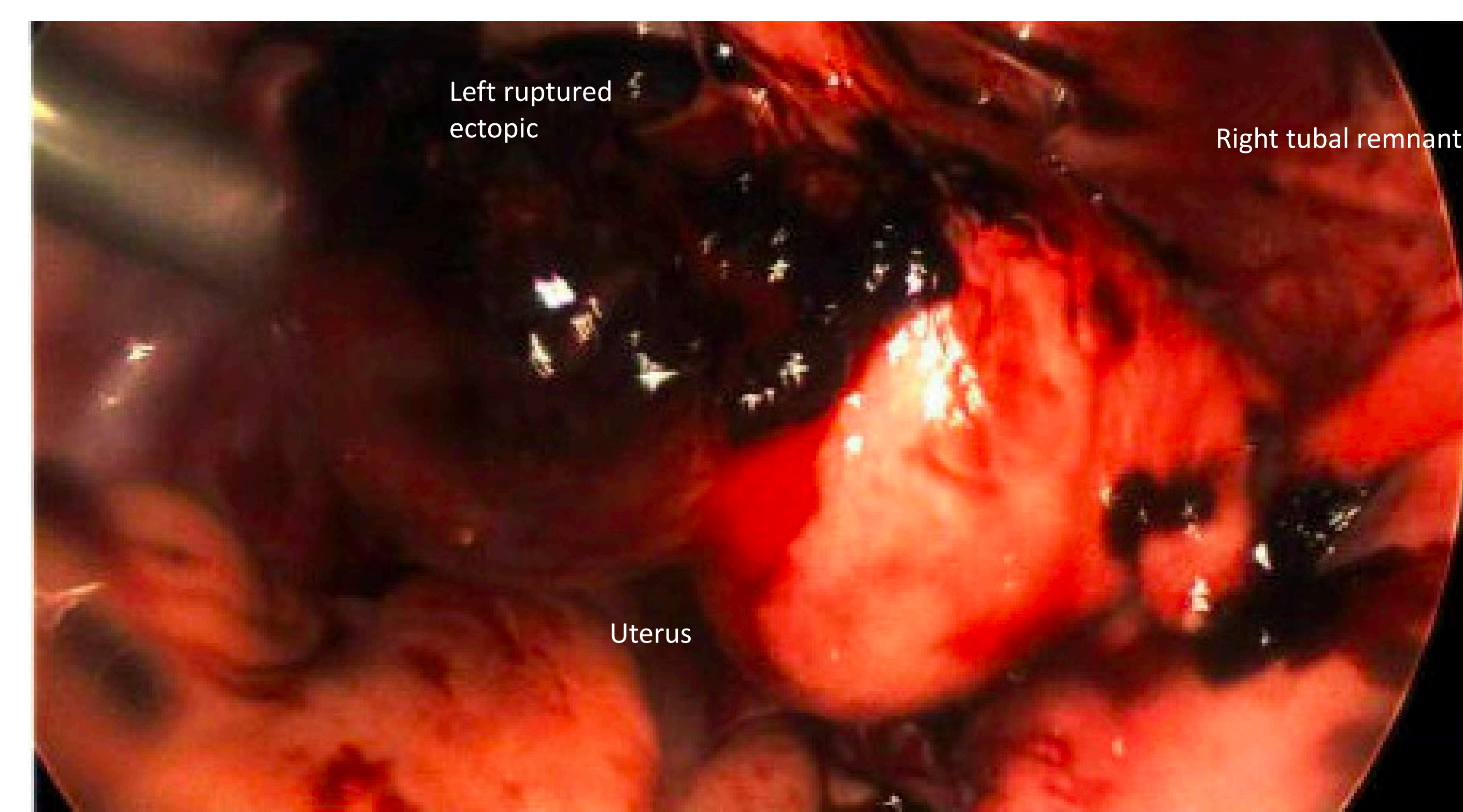


Figure 3B: Ruptured interstitial ectopic located in the left cornua.

Conclusion

This case highlights the importance of maintaining a high index of suspicion for ectopic pregnancy in all reproductive-age biological females who present with abdominal pain for evaluation at the emergency department. While rare, it is possible to have bilateral ectopic pregnancies, both of which require surgical management.

Discussion & Teaching Points

A ruptured ectopic pregnancy is a leading cause of maternal morbidity in the first trimester. Despite recent surgical management for ruptured ectopic pregnancy, additional ectopic pregnancy should always be on the differential diagnosis.