

Bilateral ectopic pregnancies 19 days apart: a case report

Background/synopsis

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 (3). In our case, this incidence is likely even more rare given the rarity of interstitial ectopic pregnancies. Here we present the case of a patient who underwent surgery for tubal ectopic pregnancy followed by a second contralateral interstitial ectopic pregnancy requiring surgical management.

Case Presentation

24 y.o. G2P1001 female who presents as a transfer due to abdominal pain and spotting in the setting of pregnancy of unknown location. She was attempting pregnancy and is 5w3d by LMP. She went to the ED, at which time her beta hCG was 1307 with no IUP on US. She followed up with her OB/GYN 48 hours later, at which time the beta was 1881. She noticed severe abdominal pain and some vaginal spotting. She subsequently presented for evaluation in the ED, where ultrasound again showed no IUP with a significant amount of free fluid in the posterior cul-de-sac/right adnexal region. Beta continued to trend upwards to 5298. Her hemoglobin level dropped by 4 points, from 12 to 8.4. Due to concern for a ruptured ectopic, she was transferred for emergent evaluation. She underwent an uncomplicated diagnostic laparoscopic right salpingectomy with removal of ectopic tissue. 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. Her hCG on day 19 after surgery was 1433, with repeat TVUS showing 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 left laparoscopic salpingectomy with wedge resection and removal of interstitial ectopic mass. Pathology findings from both surgeries confirmed ectopic pregnancies, and the patient's post-operative course was uneventful.

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.

Citations

3- 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.

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