Heterotopic Twin Pregnancy Carried to Term after Salpingectomy at 09 Week of Amenorrhea; About A Case

Dr. Mouiman Soukaina, Dr. Benaouicha, Pr. Baydada A.

University hospital Ibn-Sina, Souissi Maternity Rabat

Abstract: ***The association of intrauterine pregnancy and ectopic pregnancy has steadily increased since the generalization of infertility treatments. The risk of ignoring ectopic pregnancy at the sight of the intrauterine gestational sac often leads to late diagnoses and consequently to poorer prognoses than simple ectopic pregnancy. We report an observation of a heterotopic twin pregnancy carried to term after a salpingectomy at 09 weeks of amenorrhea at the Suissi maternity hospital in Rabat. A review of the data in the literature is made to identify the different aspects of this association.***

Keywords: Heterotopic pregnancy, twin pregnancy, salpingectomy

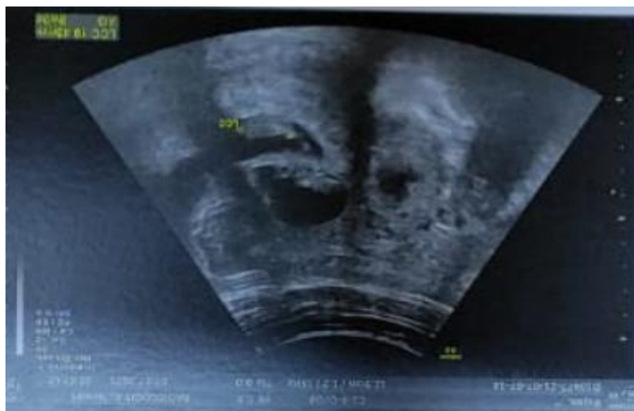
1.Introduction

Heterotopic pregnancy is the simultaneous association of an intrauterine pregnancy and an ectopic pregnancy. Formerly rare, the frequency of this pathology continues to increase in parallel with the development of medical aid techniques for medical procreation and the spread of sexually transmitted infections. We report a case of heterotopic twin pregnancy carried to term after a salpingectomy at 09 WA.

2.Clinical Observation

It is Mrs. R. N, aged 22-years-old with no medical or surgical history consulted at 09 SA for low-abundance metrorrhagia and right-sided pelvic pain with a positive urine pregnancy test.

A gynecological examination was performed with an ultrasound compliment objectifying a bi-amniotic intrauterine monochorionic twin pregnancy estimated at 08wd+4d and a right para-ovarian gestational sac with positive embryo and cardiac activity corresponds to 8wd+2d (fig1) and abundant peritoneal effusion.



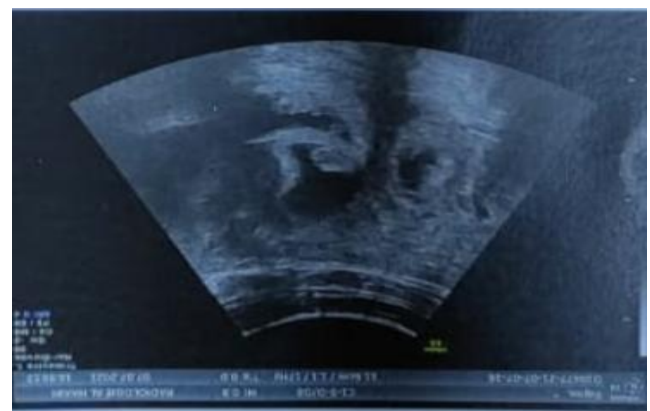


Figure 1: Ultrasound image of a heterotopic pregnancy (intrauterine twin pregnancy and ectopic pregnancy)

Given this context with hemodynamic instability, a laparotomy was indicated for emergency management with a right salpingectomy.

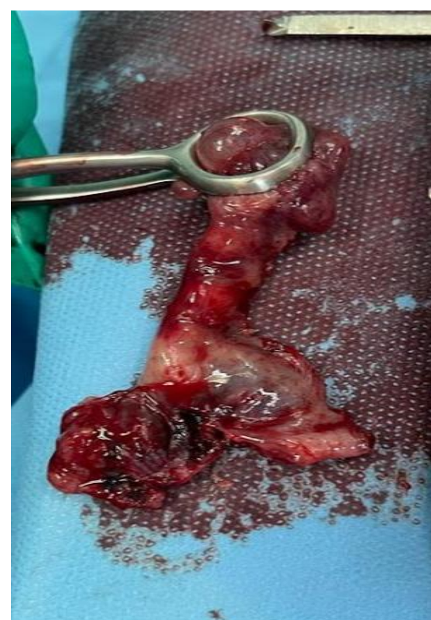


Figure 2: Right salpingectomy specimen

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The follow-up of the pregnancy was normal with close monitoring until 37 SA or a scheduled caesarean section was performed for a twin pregnancy with 1st twin in breech presentation allowing the birth of 2 newborns weighing 2900g and 2700 apgard 10/10 for the 2.

3.Discussion

The first description of heterotopic pregnancy was made by Duvern ay in 1761 (1), following an autopsy. Formerly rare, 1/30, 000 pregnancies in older publications (2), it is 1/10, 000 in the general population in more recent series (3). This frequency reaches 1% on series of ovulation induction (4) and 1 to 3% on certain series of IVF (5). This frequency is certainly underestimated, due to the existence of spontaneous abortions, confused with metrorrhagia, and also unrecognized arrests of evolution of GEU.

The circumstances of discovery of a heterotopic pregnancy are variable. The diagnosis is easy when the signs of EP are in the foreground; clinically we speak of the classic triad of EP: amenorrhea, metrorrhagia in 50% of cases, pelvic pain in 82.7 to 90% of cases. The association of this triad with an increase in uterine volume is strongly suggestive of heterotopic pregnancy. However, the diagnosis is more difficult if the clinical picture is that of an intrauterine pregnancy. The clinical symptomatology is often linked to a threatened abortion or an abortion in progress, the diagnosis of heterotopic pregnancy is only made when the signs of hemoperitoneum appear secondary to a rupture of the GEU (6) associated or not with a state of maternal shock, often fatal.

In case of diagnostic doubt, a laparoscopy finds its place to confirm or invalidate the diagnosis, it can have a dual diagnostic and therapeutic objective (8).

Conservative treatment is always desirable as much as possible, but in case of intra-abdominal hemorrhage or state of shock, as described in our observation, a laparotomy is preferable (9).

Medical treatment may be an alternative if the IUD is not progressive or if the discovery is fortuitous and asymptomatic with strict monitoring given the teratogenic and toxic effects.

Finally, the prognosis of UIP depends above all on the precocity of the diagnosis, 30 to 75% of UIP evolve at term after treatment of UEG (10, 11) provided that manipulation of the uterus is minimal and anesthesia of short duration.

4.Conclusion

Heterotopic pregnancy is more and more frequent with the resurgence of upper genital infections and the wide spread of medically assisted procreation. Systematic screening by endovaginal ultrasound from the first prenatal consultation could allow early diagnosis and improve the prognosis.

The maternal prognosis is comparable to that of simple ectopic pregnancies, with a mortality of less than 1%.

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