

# HETEROTOPIC PREGNANCY: A CASE REPORT

Liqaa R. AL-Khuzai *FICMS*.

## **Abstract:**

The incidence of heterotopic pregnancy increased in the recent years with wide spread of ovulation induction drugs and assisted reproduction techniques. There is delay in the diagnosis of heterotopic pregnancy and about 50% of patients are admitted for emergency surgery following rupture. Early diagnosis and treatment of heterotopic pregnancy lead to decrease maternal mortality, morbidity, and salvage of intrauterine pregnancy.

**Key words:** Heterotopic pregnancy

**IRAQI J MED SCI, 2007;VOL.5(2):85-86**

## **Clinical History**

A 29 years old woman gravida 2 Para 0 abortion 1 conceived after ovulation induction using clomiphine citrate; her last menstrual period (LMP) was on the first of October. She was admitted as a case of acute abdominal pain of 2 days duration on 23.12.2004; she was 12 weeks pregnant. The pain was all over the abdomen with radiation to both shoulders. She consulted two hospitals before she came to our hospital, where she received an intravenous fluid and analgesics and discharged home. The pain increased in severity, and her general condition was deteriorating in the last day. She was attending a private doctor who did for her 3-ultrasound examinations were normal except for the diagnosis of cervical incompetence for which cervical cerclage have been done.

On admission, the patient was severely pale, her rate was 100 pulse per minute BP 110/50. There was a generalized abdominal distention

In this case report I present a case of heterotopic pregnancy complicated by rupture with review of literature.

with tenderness all over the abdomen; vaginal examination performed which revealed bulky uterus 12 weeks size and fullness in the pouch of Douglas. Immediate exploratory laparotomy was performed revealed haemoperitoneum (abdomen filled with blood), ruptured chronic left ampullary ectopic pregnancy that was also involving the left ovary. The right tube was edematous; right ovary was normal.

Uterus was 12 weeks size. Left salpingectomy was performed. Hemostasis secured, cleaning of the abdominal cavity from blood; estimated blood loss was three liters. The fetus was found floating in the abdominal cavity. Tube drain inserted in the left iliac fossa. Patient received five units of blood and one unit plasma. In her second postoperative day, there was incomplete abortion of the intrauterine fetus followed by curettage under general anesthesia and removal of placenta. The postoperative period was smooth. She was discharged home on her third postoperative day.

## **Discussion**

Heterotopic pregnancy (HP) is the coexistence of an intrauterine pregnancy and ectopic pregnancy. In 1948, the spontaneous HP rate was calculated as one in 30,000<sup>1</sup>

---

Dept. Obstetric & Gynecology, College of Medicine, Al-Nahrain University  
Address correspondence to Dr. Liqaa R. Al-Kuzai, e.mail: [dr.liqaa@yahoo.com](mailto:dr.liqaa@yahoo.com)  
Received 16<sup>th</sup> January 2005: Accepted 27<sup>th</sup> June 2005

pregnancies. Today HP actually occurs one in 3889 to 1 in 6778 pregnancies<sup>2</sup>. The increased incidence of HP is a consequence of assisted reproduction and the wider use of ovulation induction agents. The diagnosis of HP is frequently done not as earlier as it should be and it has serious repercussions. Delay in the diagnosis is because of visualization of intrauterine gestational sac.

The HP in our case was associated with the use of clomiphine citrate an ovulation induction drug, there are many case reports about this association<sup>3-5</sup>. The fetomaternal prognosis can be improved by early diagnosis. There is a need to maintain a high index of suspicion and to intervene early to salvage the intrauterine pregnancy and prevent maternal mortality and morbidity associated with ectopic pregnancy. Treatment of HP pregnancy is surgical by salpingectomy done through laparotomy or laparoscopically and there are case reports of salvage the intrauterine pregnancy that continued to term without complications<sup>6-9</sup>.

There are two case reports of ultrasound-guided transvaginal injection of potassium chloride or hyperosmolar glucose in to the abdominal pregnancy resulting in a systole and spontaneous resorption of the ectopic fetus while the intrauterine pregnancy continued and resulted in alive delivery at full term<sup>10,11</sup>.

## **References**

1. Devoe RW, and Pratt JH. Simultaneous intrauterine and extra uterine pregnancy. *Am J Obstet Gynecol*, 1948; 56: 1119-26.
2. Reece EA, and Petrie Rh. Combined intrauterine and extra uterine gestations: a review. *Am J Obstet Gynecol*, 1983; 146: 323-30.
3. Selo-Ojeme DO, and Good-Fellow CF. Simultaneous intrauterine and ovarian pregnancy following treatment with clomiphine citrate. *Arch Gynecol Obstet*, 2002; 226(4): 232-4.
4. Kutlar I, Balat O, Ozkur A, and Karakof M. Ruptured heterotopic pregnancy. *Clin Exp Obstet Gynecol*, 2002; 29(3): 215-6.
5. Tellez-Velasco S, Vital-Reyes VS, and Rosales-de-la-Rosa D. Heterotopic pregnancy following ovulation induction by clomiphine citrate and prednisone. *Ginecol Obstet Mex*, 1999 Jan; 67: 1-3.
6. Makhlof T, and Koubaa A. Heterotopic pregnancy: three case reports. *Tunis Med*, 2001 Dec; 79(12): 691-4.
7. Chittacharoen A, and Manonai J. Spontaneous heterotopic pregnancy presenting with tubal abortion. *J Med Assoc Thai*, 2001 Sep; 84(9): 1361-4.
8. Aoyeji AP, Fawole AA, and Adeniyi TO. Heterotopic pregnancy: a case report. *Niger J Med*, 2001 Jan-Mar; 10(1): 37-8.
9. Wang PH, Chao HT, Tseng JY, and Yang TS. Laparoscopic surgery for heterotopic pregnancies: case report. *Eur J Obstet Gynecol Reprod Biol*, 1998 Oct; 80(2): 267-71.
10. Strohmer H, Obruca A, and Lehner R. Successful treatment of a heterotopic pregnancy by sonographically guided instillation of hyperosmolar glucose. *Fertility Steril*, 1998 Jan; 69(1): 149-51.
11. Scheber MD, and Cedars MI. Successful non-surgical management of a heterotopic abdominal pregnancy following embryo transfer with cryopreserved-thawed embryos. *Hum Reprod*, 1999 May; 14 (5): 1375-7.