

**FP54. HETEROTOPIC PREGNANCY, A
COMMON / UNCOMMON CLINICAL
PROBLEM**

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1. Mrs. J.D. a 28 year old mother presented with abdominal pain and faintishness at a period of amenorrhoea of ten weeks. She was previously treated for subfertility by ovulation induction and laparoscopy. On the second cycle of ovulation induction she conceived and an intra uterine pregnancy was confirmed at a period of amenorrhoea of six weeks with positive urine beta hCG. A few hours after admission she clinically deteriorated with worsening abdominal pain and pallor. Ultra sound confirmed a viable intra uterine pregnancy of 9 weeks and 3 days and haemoperitonium. At emergency laparotomy a left sided ectopic pregnancy was found and the histology confirmed chorionic villi. She is now 26 weeks into her pregnancy attending antenatal care at De soya hospital for women.

2. Mrs. J presented in her 2nd pregnancy with a previous LSCS at POA of 11 weeks. She had acute abdominal pain on the right side. An Initial diagnosis of acute appendicitis and live intra uterine pregnancy was made by radiologist ultra sound scan. Two hours later the patient deteriorated clinically, with tachycardia and haemoperitonium. Emergency laparotomy was done, which revealed right sided ectopic pregnancy with haemoperitonium. Histology revealed chorionic villi and a diagnosis of heterotopic pregnancy was made. The intra uterine pregnancy continued up to term and was delivered by LSCS in the private sector.

3. Mrs. SP, a 34 year old mother, presented in her sixth week of gestation with an ultrasound report indicating intrauterine live pregnancy and adnexal mass with a fetal heart beat. She was a sub-fertile patient treated by ovulation induction and IUI. She was complaining of mild abdominal pain. Immediate laparotomy revealed unruptured right sided ectopic pregnancy with no haemoperitoneum. She is now at her fourteenth week of antenatal care for the intra uterine pregnancy.

All three cases had heterotopic pregnancies. The incidence has been confirmed as 1:30,000. Heterotopic pregnancy, naturally conceived is a

rare event that carries the risk of significant maternal morbidity and mortality. Unless there is a high index of suspicion, the diagnosis will be overlooked. It has been recommended that patients presenting with a combination of abdominal pain, localized peritonism, enlarged uterus with or without an adnexal mass should undergo a diagnostic laparoscopy, even if an intrauterine gestation has been seen on pelvic ultrasound scan. One cannot always rely on the finding of an intrauterine gestation on pelvic ultrasound scan for reassurance. This line of management is particularly important if the pregnancy has resulted from an assisted reproductive technique, where the incidence of heterotopic pregnancy may be as high as 1.1%.