

Ectopic Pregnancy - Is It Always a Threat to A Woman's Life?

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Abstract

Ectopic pregnancy is a condition in which the fertilized ovum implants outside the uterus or attaches to an abnormal portion of the uterus, like cervix, cornea, myometrium. Such state occurs in 2% of all reported pregnancies. There are plenty of risk factors for this state. Fallopian tube surgery in the past, pelvic inflammatory disease is one of them. Undiagnosed ectopic pregnancy may lead to serious complications, like rupturing of the fallopian tube and massive internal bleeding. We would like to present a case, in which the patient was not aware of being pregnant, until she got the histopathology results after laparoscopic surgery because of tumor in the rectouterine pouch.

Keywords: Ectopic pregnancy, Heterotopic pregnancy, Methotrexate

Ectopic pregnancy is a condition in which the fertilized ovum implants outside the uterus or attaches to an abnormal portion of the uterus, like cervix, cornea, myometrium. Such state occurs in 2% of all reported pregnancies [1]. The fallopian tubes are the most common location for this type of pregnancy, therefore some of the significant risk factors are pelvic inflammatory disease and fallopian tube surgery in the past. Infection of *Ureaplasma Urealyticum* and *Mycoplasma Hominis* may increase the risk of ectopic pregnancy [2]. Commonly the symptoms have low specific - patients present to the emergency department with complaints of lower abdominal pain, vaginal bleeding, sometimes nausea and vomiting. It is essential to analyses, which diseases may occur with similar clinical features. In this state we have to take into consideration miscarriage, ovarian torsion, pelvic inflammatory disease, appendicitis. To confirm ectopic pregnancy diagnosis, it is fundamental to prove high β hCG level and anomalous implantation in transvaginal ultrasound examination. A very rare clinical state, in which extra uterine and intrauterine pregnancies occur in the same time is called heterotopic pregnancy. The most serious complication is fallopian tube rupture with intense internal bleeding [3]. Massive blood loss may lead to hypovolemic shock. Surgery is recommended it comes to tubal rupturing. Salpingectomy or salpingotomy can be performed through laparoscopic access or laparotomy, depending on the experience of the gynaecologist. If the patient is in stable clinical state, β hCG level is low, using methotrexate brings good results [4, 5].

A.M., a 37-year-old patient was admitted to the hospital with diagnosis of rectouterine pouch tumor. The patient reported a history

of menorrhagia lasting several months and lower abdominal pain. During abdominal examination she presented benign tenderness. β hCG level was negative. An ovarian tumor with diameter of 8 cm was detected during transvaginal ultrasound. She was qualified for laparoscopic surgery, during which the ovarian tumor and rectouterine pouch tumor were removed. There were no complications in the period after operation. The patient was discharged a few days later in good condition. After 4 weeks she had an appointment in the clinic to pick up the histopathology report. It turned out, that the tumor located in pouch of Douglas contained product of conception.



Figure 1: Tumor with diameter of almost 3 cm located in the rectouterine pouch.

The purpose of this case is to show, that not every ectopic pregnancy has a dramatic course with high mortality rate. However, every

woman in reproductive age, that refers to the emergency department with positive pregnancy test, clinical symptoms like hypovolemic shock, abdominal pain or if the woman belongs to the high risk group, should be examined very carefully. Early diagnosis of ectopic pregnancy is essential to reduce the mortality rate.

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