Heterotopic in spontaneous ruptured pregnancy with a living birth term: a case report in Madagascar

Ibrahim Housni*, Romuald Randriamahavonjy, Tanjona Andriamanetsiarivo Ratsiatsosika, Rasoanandrianina Bienvenue Solange, Abasse Baco Abdallah, Andrianampanalinarivo Hery Rakotovao

INTRODUCTION

A heterotopic pregnancy is the simultaneous occurrence of intrauterine pregnancy and ectopic pregnancy. It is a rare pathology; it represents about 1 out of 30000 pregnancies in spontaneous cycle and 1 out of 500 pregnancies in medically procreation.1-3

Often a source of misdiagnosis, it is encountered at the stage of complication. So, this constitutes both a diagnostic and therapeutic emergency in cases of rupture ectopic pregnancy. It can be life-threatening with a risk of maternal death of 0.5 out of 100,000 live births.4 The challenge for the doctor is to maintain pregnancy in utero and avoid the complications of ectopic pregnancy.

We report a case of heterotopic pregnancy with a history of left oophorectomy, seen at the obstetrics and gynaecology Department of the Soavinandriana Hospital Center with a favourable outcome of pregnancy in utero.

CASE REPORT

This is about a 35-year-old woman, G3P1, with a history of cesarean section in January 2015 and early spontaneous miscarriage referred for treatment of acute pelvic pain associated with food-induced vomiting. From 5 days to 7 weeks of amenorrhea. The physical examination at the entrance showed a painful abdomen especially at the pelvic level but of low intensity, the plasma b-hCG level was positive and the abdominal-pelvic echography revealed a single evolutionary intrauterine pregnancy. In front of this clinical and Para clinical picture, an analgesic treatment was carried out. On the 3rd day of hospitalization, sudden pelvic pain, dagger type, lateralized on the right and examination noted a painful abdomen with defense in the hypo gastric
region. The abdomino-pelvic echography at emergency showed a hemoperitoneum of moderate abundance, a right lateral-uterine mass and a progressive intrauterine pregnancy. The diagnosis of a heterotopic pregnancy was retained. Facing this clinical and echographic picture, an emergency laparotomy was performed to discover a rupture right ampulla pregnancy with a 300 ml hemoperitoneum associated with clots. The uterus was enlarged and globular [Figure 1]. A right subtotal salpingectomy was performed urgently. The postoperative course was marked by anemia.

For our case, the diagnosis is made late at the stage of ectopic pregnancy ruptured in the presence of a hemoperitoneum. The treatment of ectopic pregnancy is based on surgery (laparoscopy or laparotomy) combined with clinical and echographic monitoring of intrauterine pregnancy.3,7,9 For surgery, salpingectomy or salpingotomy may be performed.3,5,9

Intrauterine pregnancy usually progresses most often.3,7,9 A review of the literature has shown that 66.2% will give birth alive.11 Operative follow-up may be simple or may be marked by complications such as anemia, spontaneous miscarriage or an arrested pregnancy.

CONCLUSION

To conclude, the diagnosis of a heterotopic pregnancy remains difficult and often late. Facing a pelvic pain, the diagnosis must always be evoked. Although often favorable, the maternal prognosis can be severe by a rupture of the ectopic enlargement. Abdominopelvic and / or transvaginal echography remains a key consideration. Laparoscopic treatment remains the indication of choice; however, laparotomy remains an interesting alternative in case of unavailable technical plateau.

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