

Unilateral Live Twin Ectopic Pregnancy: A Case Report

Unilateral Canlı İkiz Ektopik Gebelik: Olgu Sunumu

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ABSTRACT

Introduction: Twin ectopic pregnancy is a rare condition with an incidence of 1 in every 200 ectopic pregnancies. We present a case of a twin, live, unilateral tubal ectopic pregnancy treated with laparoscopic salpingectomy.

Case: A 42-year-old nulliparous woman was admitted to our clinic with a complaint of vaginal bleeding and pelvic pain. Her serum β -human chorionic gonadotropin (β -hCG) level was 4500 mIU/mL and transvaginal ultrasound revealed live tubal twin pregnancy of 7 weeks' gestation. A laparoscopic salpingostomy was planned but salpingectomy was performed since active bleeding was noticed from tube during the operation. None complication was not occurred after operation. Patient is discharged one day after operation.

Conclusion: Viable twin ectopic pregnancy with is a rare condition. If not treated properly, it can lead to life-threatening complications.

Keywords: Twin ectopic pregnancy, laparoscopy, unilateral, live

ÖZET

Giriş: İkiz ektopik gebelik; her 200 ektopik gebeliğin birinde saptanan, nadir bir durumdur. Burada laparoskopik salpenjektomi ile tedavi edilen, kalp atımları pozitif unilateral ikiz ektopik gebelik olgusunu sunduk.

Olgu: 42 yaşında nullipar hasta kliniğimize vajinal kanama ve pelvik ağrı şikayetleri ile başvurdu. Hastanın β -hCG serum seviyesi 4500mIU/mL idi. Yapılan transvajinal ultrasonda 7 haftalık gestasyon kesesine sahip canlı ikiz ektopik gebelik saptandı. Laparoskopik salpingostomi planlanan hastanın operasyon sırasında tubal aktif kanamanın durdurulamaması nedeniyle salpenjektomi yapıldı. Operasyondan sonra komplikasyon gelişmedi. Hasta ameliyattan 1 gün sonra taburcu edildi.

Sonuç: Kalp atımı pozitif unilateral ikiz gebeliğe çok nadir rastlanır. Uygun tedavi edilmezse yaşamı tehdit eden komplikasyonlara yol açabilir.

Anahtar Kelimeler: ikiz ektopik gebelik, tek taraflı, canlı

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INTRODUCTION

Unilateral twin ectopic pregnancy is a rare condition. It is estimated to occur in approximately one of every 200 ectopic pregnancy and every 125,000 spontaneous pregnancy (1, 2). About a hundred cases have been identified in worldwide (3). Several factors increase the risk of ectopic pregnancy; advanced maternal age, operative trauma, congenital anomalies, tumours, assisted reproductive therapy, adhesions and pelvic inflammatory disease considered as the most important (4).

CASE

A 42-year-old nulliparous woman (gravida 2, parity: 0) was admitted to our clinic with complaints of vaginal bleeding and pelvic pain. Her medical history revealed no systemic disease, no previous ectopic pregnancy, no intrauterine device using story or any history of assisted reproduction. In the past she had had twice voluntary dilatation curettage. Her vital signs were within normal range when examined, her blood pressure was 110/60 mmHg and pulse was 72/minute, regular with good volume. Abdominal palpation elicited tenderness in the right lower quadrant. Trans-vaginal ultrasound (TV USG) showed an empty normal uterus with endometrial thickness of 1.3 cm and a right-sided tubal twin ectopic gestation with detectable cardiac activity in both embryos. The embryos were in two different sacs and crown-rump length (CRL) measured 1.1 cm and 1 cm, respectively corresponding to approximately 7 weeks and 1 day' gestation (see Figures 1).



Figure 1. Transvaginal ultrasound scan showing gestational sacs with live embryos.

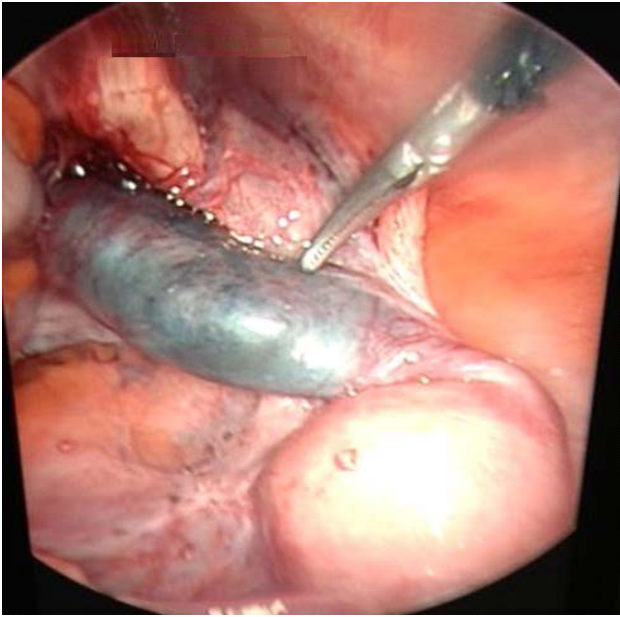


Figure 2. Double sac ectopic distending the right fallopian tube on laparoscopy.

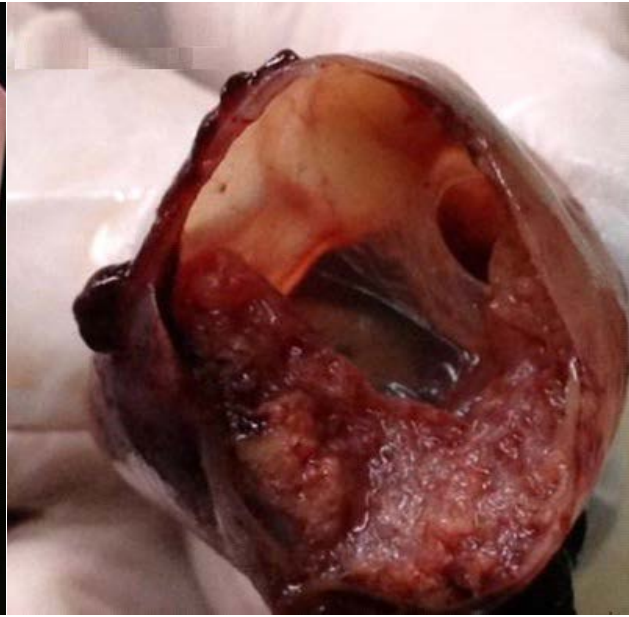


Figure 3. Pathological evaluation of the surgical specimen showed a twin pregnancy within the fallopian tube.

Minimal free fluid was seen in the Douglas cul-de-sac. Her haemoglobin was 10,1 g/dl, a hematocrit of 34%, and WBC was 8700/mm³. β -hCG was 4500 mIU/l. A diagnosis of the right live twin tubal ectopic gestation was made. The patient underwent emergency laparoscopy, which revealed a double ectopic gestation distending almost the entire length of the right fallopian tube (Figure 2). Minimal haemoperitoneum was seen in the pouch of Douglas. At the operation, right ovary, left fallopian tube and ovary were within normal limits. At first gestation products were evacuated by salpingostomy but active bleeding was noticed from the tube. Because of that laparoscopic right salpingectomy using bipolar diathermy and scissors was performed. The specimen was sent for routine histopathological examination and confirmed the diagnosis of right tubal twin ectopic gestation (Figure 3). The patient did well postoperatively and was discharged after 1 days.

DISCUSSION

The incidence of ectopic pregnancies has been increasing steadily since the 1970s, and now accounts for up to 2% of all pregnancies (5). Anything that causes the ovum transport in delays increases the risk of ectopic pregnancy (6). Most unilateral twin tubal pregnancies are monozygotic and monochorionic (7). However, Neuman et al reported many of the unilateral ectopic twins who were thought to be monozygotic may actually have been dizygotic (8). In the current case, the presence of 2 gestational sacs indicates a dichorionic pregnancy. The patient's recurrent pelvic inflammatory disease may have had a direct causal link to her ectopic twin gestation. Although more than 100 cases of twin tubal ectopics have been reported, the number of cases was detected in both fetal heart beating is very low. Mr George et al. in 2010

was found that total number is less than ten cases (9). Gualandi et al. In 1994 was demonstrated the first twin ectopic where fetal cardiac activity in both embryos with trans-vaginal ultrasonography (10). Karanjgaok In 2009 (11) and Longoria TC in 2014 (12) have published a case recently. Diagnosis of ectopic pregnancy is obtained through a good clinical history, β -hCG and ultrasonography. Today, diagnosis of unilateral twin ectopic pregnancy is much easier with the use of three-dimensional ultrasound, Doppler ultrasound, high-resolution TVUSG. Diagnosing before rupture rate has increased (13). The expected level of β -hCG may be higher than usual in multiple ectopic pregnancy (14). β -hCG follow-up and TV USG was used for diagnosis and β -hCG value were detected week-compatible (4500mm / mL) in this case. The risk of tubal rupture in ectopic pregnancy is 32% and if it does not treated, the risk of rupture will increase about 2.5% at every 24 hours (15). Treatment of an ectopic pregnancy depends on its clinical presentation, size, and complications, and may entail conservative, medical, or surgical intervention. Ectopic pregnancies can resolve spontaneously through regression or tubal abortion. Salpingostomy is preferred, particularly for women who wish to preserve their fertility. Twin ectopic pregnancy is usually treated surgically (9, 16). When laparoscopic management is feasible, it is the preferred modality (17). In the current case; the first choice was surgery because of live twin ectopic pregnancy was determined. At first laparoscopic salpingostomy was performed. However, active bleeding from the tube wasn't managed to stop so salpingectomy was performed. Unilateral twin pregnancy is a rare condition. If it is not treated in time and appropriately, can cause life-threatening problems. Best results can be achieved by early diagnosis and treatment.

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