

Re-Emphasize of the Adnexal Evaluation's Necessity in Early Pregnancy Week in the Case of Asymptomatic Heterotopic Pregnancy

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Received: March 21, 2019; Published: May 02, 2019

Abstract

The purpose of presenting this case is re-emphasizing the necessity for ultrasonographic assessment of all adnexal evaluation without looking for the symptoms.

A patient with an 8-week gestational age who was developed local anesthetic agent toxicity during tooth extraction and was consulted to gynecology and obstetric outpatient clinic for control of pregnancy. The patient was asymptomatic. Intrauterine single living pregnancy compatible with 8 weeks was detected in the performed ultrasonography. When the adnexes were evaluated, the single living pregnancy which was compatible with 7 weeks 5 days, was found in the right adnex. Laparoscopic right salpingectomy was performed in the patient who was diagnosed as heterotopic pregnancy. In all cases of early gestation, adnexes should be evaluated with caution, even if the pregnancy is asymptomatic and even when intrauterine heart rate positive pregnancy is detected.

Keywords: Intrauterine Pregnancy; Extrauterine Pregnancy

Introduction

Heterotopic pregnancy is occurring of intrauterine pregnancy and ectopic pregnancy at the same time [1]. It was first described by Duverney and was diagnosed during the autopsy in 1708 in a patient who died of ruptured ectopic pregnancy and also had intrauterine pregnancy [2].

Devote and Pratt at all, reported a heterotopic pregnancy rate was 1/30000 in 1948.

However, it had been reported that the classic incidence known as 1/30000 in literature was revised to 1/3889 in new analyzes and this ratio may be 1/100 in assisted reproductive technology (ART) [3,4].

In this case report we present a heterotopic pregnancy diagnosis; re-emphasizing the necessity of an adnexal assessment of all pregnant.

Case Presentation

A 36-year-old (Gravida 3 parity 2) patient who had an 8-week gestation due applied to Amasya University Sabuncuoğlu Şerefeddin Training and Research Hospital Emergency Department to local anesthetic reaction during tooth extraction that did not report bleeding or abdominal pain was referred to the Obstetrics and Gynecology Clinic for control. The intrauterine single living pregnancy compatible with 8 weeks was determined during transabdominal ultrasonography.

When an adnexal assessment of the patient without any symptoms was made, a living 7 weeks 5 days pregnancy was detected in the right adnex at the same time. After the necessary medical informations were made, laparoscopic right salpingectomy was performed with the consent of the patient and she was discharged on healing on the 2nd day postoperatively.

Discussion

The first symptoms of heterotopic pregnancy are usually abdominal pain and vaginal bleeding, as in ectopic pregnancy. Although the referral complaints of patients vary, Reece., *et al.*'s examinations in 66 heterotopic pregnancy, the most obvious signs and symptoms for heterotopic pregnancy were listed in 4 titles as abdominal pain, adnexal mass, peritoneal irritation and enlarged uterus. However, when intrauterine pregnancy is indicated in a patient with these symptoms or without symptoms, it is often overlooked that there may be an accompanying ectopic pregnancy, the symptoms are mostly related to normal or pathological intrauterine pregnancy. The early diagnosis of these pregnancies is crucial to the mortality, morbidity and fertility in the future. However, in a normal intrauterine pregnancy, a suspicious lesion seen in the adnexal region by ultrasonography can be interpreted as a hemorrhagic corpus luteum, which may delay the diagnosis. Sometimes there is not enough time to evaluate the adnexal in cases where intrauterine live pregnancy is detected. In these cases, maternal mortality was reported as 1% and mortality rate of intrauterine fetus as 45 - 65% [5]. This case we presented applied to us completely asymptomatic. We did not only put heart beats in a positive healthy intrauterine pregnancy, when we evaluated the adnexes, we found that there was a positive heartbeat pregnancy.

Although surgery (laparotomy, laparoscopy) methods are used in the treatment, transvaginal embryo aspiration can be performed after ultrasound-guided local ectopic pregnancy with methotrexate or potassium chloride treatment [5,6]. Nevertheless, methotrexate should not be used because it may have harmful effects on intrauterine pregnancy. However, when intrauterine pregnancy is not desired, systemic methotrexate therapy is successfully applied [7].

The operation should be completed with uterine minimal trauma, minimal anesthesia for continuation of intra-uterine pregnancy in acute cases requiring laparotomy. Today, laparoscopy has taken laparotomy's place in the diagnosis and treatment of symptomatic heterotopic pregnancies [8,9]. In this case, when we consider their child wishes, we think that the surgical method will be the most appropriate treatment modality when we consider the patient and her partner in the necessary explanations and we performed laparoscopic salpingectomy. We discharged the patient with health on the 2nd day post-operatively.

Conclusion

In conclusion, adnexa should be evaluated with caution, even if cases are asymptomatic and even if intrauterine heart rate positive pregnancies are detected in all early pregnancies.

Informed Consent

Written informed consent was obtained from the patient for the publication of this case report.

Conflict of Interest

The authors declared that there are no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Volume 8 Issue 5 May 2019

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