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Case Report

RARE CASE OF INTERSTITIAL PREGNANCY

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ABSTRACT
Ectopic pregnancy is defined as implantation of products of concepts outside the uterine cavity. It is leading cause of pregnancy-related death in early pregnancy about 10 to 15 % of all maternal deaths. In developing countries- case-fatality rates of around 1%–3%, 10 times higher than those reported in developed countries. The incidence of ectopic pregnancy is increased upto 2%. The main factors are - increased STD especially chlamydia trachomatis, increased contraceptive usage – pregnancy due to contraceptive failure are high likely to be ectopic, tubal sterilization and recanalisation surgery, ART, Previous ectopic pregnancy, Multiple sexual partners.

Keywords: *Ectopic Pregnancy*

CASES
24yrs G2P1L1 female 1½ months of amenorrhea with vaginal spotting and lower abdominal pain referred to our institute with USG report of single live right cornualunruptured pregnancy of 5 to 6 weeks with no intrauterine sac as well pelvic collection.

Her last menstrual period was 1½ months back. On obstetrics history she had FTND in our institute with male child. After that there was history of use of CuT for 6 month.

Her general condition was stable with normal vitals and normal systemic examination. On per abdominal examination there was no tenderness and distension.

On per speculum exam there was no active bleeding and very gentle vaginal exam revealed there was mass of 3x3 cm palpated in right fundal region of normal size uterus.

All lab parameter were normal. Ultrasonography repeated and it was suggestive of single live right cornualunruptured pregnancy of 6+6 weeks with no intrauterine sac as well pelvic collection and endometrial thickness upto 9mm with both ovaries were normal. After proper consent patient posted for laprotomy. spinal anaesthesia given.

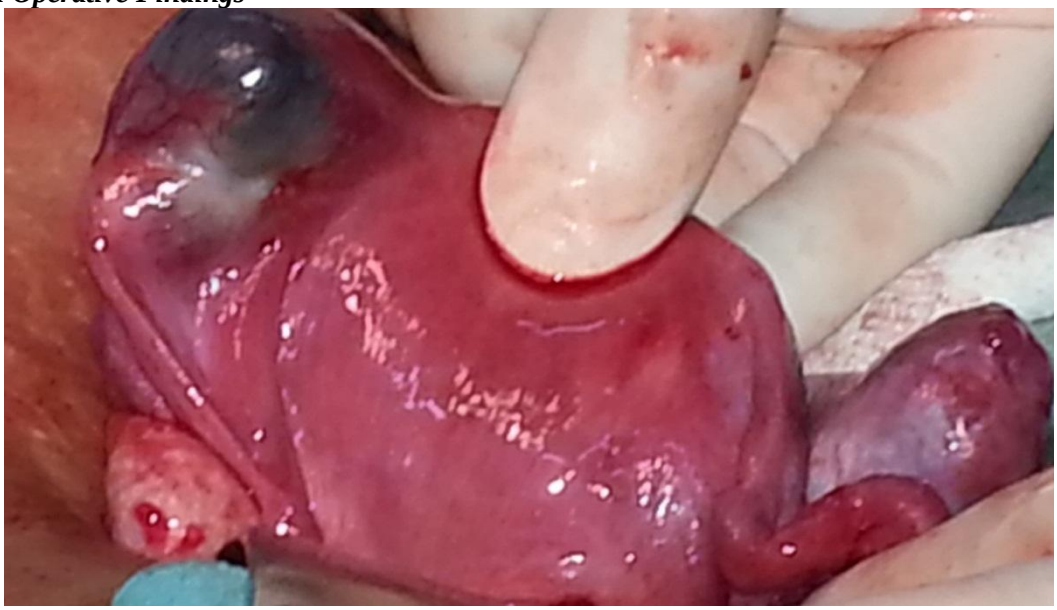
Findings were 3x4x4 cm size unrutured mass present exactly at cornu-tubal junction on right side lateral to round ligament suggestive of right side interstitial ectopic pregnancy and left side tube and ovary were normal.

Small incision given on sac, products removed and incision site sutured with vicryl no 3 obliterating that side tube. Hemostsis achieved. Histopatological report came as products of conception.

DISCUSSION
Interstitial pregnancy is defined as the implantation of the conceptus in the proximal portion of the Fallopian tube, which is within the muscular wall of the uterus. Angular pregnancy (Kelly, 1898) is implantation medial to the uterotubal junction in the lateral angle of the uterine cavity close to the internal ostium of fallopian tube, medial to round ligament insertion while true cornual pregnancy is implantation in the horn of a bicornuate uterus.

Case Report

A: Intra Operative Findings



Incidence is 1 in 2500–5000 live births, 2–6% of all ectopic pregnancies**,** 2. 2% risk of maternal mortality. Risk factors are ipsilateralsalpingectomy (37. 5% of cases according to SRS registry). Higher morbidity and mortality in later presentation (at 8–10 weeks) and the potential for massive hemorrhage. Most difficult type of ectopic pregnancies to diagnose pre-operatively, due to lack of any symptoms prior to sudden rupture. Ultrasound can be used for early diagnosis. Interstitial line sign–an echogenic line extending from endometrial cavity into the cornual region and abutting the interstitial mass or gestational sac. It has 80% sensitivity and 98% specificity. Most of patients presents dramatically with severe intra-abdominal bleeding. Ruptured interstitial pregnancy requires urgent surgery, removing the pregnancy tissue and suturing the rupture site and in some cases cornual resection ”V”shaped excision and Modified Coffey suspension. Hysterectomy may require in cases where bleeding cannot be controlled. Unrupturedsmall interstitial pregnancy with decreasing hCGmanaged expectantly without any intervention while in some cases medical treatment with methotrexate withserum hCG on follow-up visit can be tried and it had83% success. In viable interstitial pregnancies local injection under ultrasound and laproscopic guidance increases success rate. In our case medical treatment was not tried as patient was unaffordable, uneducated. Compliance was very poor so decision of surgical approach was made.

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