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Chronic Ectopic Gestation - rare case report

Nandhini Devi S
Department of Obstetrics and Gynaecology, Madras Medical College and Government General Hospital

Abstract : 22 yrs, P1L1, Full term normal vaginal delivery with last child birth of one and half years presented with lower abdominal pain for one month. There was no menstrual irregularity. No history of contraceptive usage. There was right side firm mass palpable just above pubic symphysis. USG finding of Para-ovarian endomentroid cyst or subserousal fibroid. CECT finding possibility of solid ovarian tumor (Fibroma). Provisional diagnosis was differential diagnosis ovarian right fibroma or right Endometriotic cyst. Serum beta HCG was negative. Ca125 was 39.97 Uml. Laparotomy showed well organized mass of size 6x6cm seen arising from the ampullary region of the right side tube. Omentum seen attached to the surface of mass. HPE confirmed diagnosis of chronic Ectopic. This case highlights that differential diagnosis of chronic ectopic should be kept in mind, while treating a patient in reproductive age group with a adenexal mass even when serum beta HCG was negative and UPT is negative.

Keyword : Chronic Ectopic, Negative Beta HCG

INTRODUCTION:

A Chronic ectopic pregnancy is a form of tubal pregnancy in which there is gradual disintegration of the tubal wall with slow and repeated episodes of hemorrhage leading to the formation of pelvic mass. Usual presentation is lower abdominal pain, missed period and bloody discharge (1). Out of 62 patient studied, 5 patient serum HCG negative. Clinical presentation can often be confused for pelvic inflammatory disease, endometriosis or uterine leiomyoma (2).

CASE REPORT

A 22 years old female, P1L1 full term normal vaginal delivery. Presented with complaints of lower abdominal pain for past 1 month. No complaints of menstrual irregularities, No H/o contraceptive usage. Her last 8 months cycle was regular, she breastfed her child upto 8 months. No other H/o recent illness, surgery. Her vitals were stable. There was no pallor or icterus. Other system was normal. The abdomen was soft, no tenderness. On per vaginal examination, cervix was pointing upwards. Uterus normal size. A mass of 6x6cm, which was firm freely mobile felt in the right anterior fornix, cervical movement was not tender, no discharge, no bleeding seen. Left side fornix free. Her basic investigations, HB was 12.5 gm%, PCV – 37, liver and renal parameters normal serum HCG level was not detectable. USG suggested 6x5.8x5.4cm right adnexa show a large well defined heterogenous solid area of peripheral vascularsing adhesion to the fundus of uterus. Impression was para ovarian endometroid cyst/ subserosal fibroid. CECT finding possibility of solid ovarian tumor (? Fibroma).

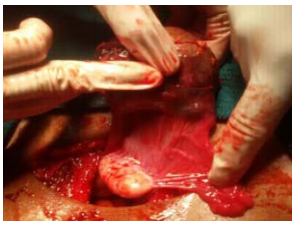

Figure 1

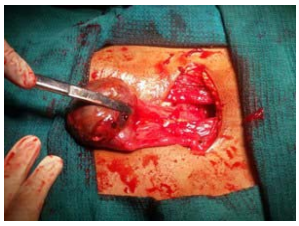

Figure 2

Laparotomy was done. Introperative finding was well organized mass of size 6x6cm (Figure 1) seen arising from the ampullary region (Figure 2) of the right side tube. Omentum seen attached to the surface of mass. Uterus and left side tube was normal. Cut section grayish white matter with hemorrahage seen. Right sided total salphingectomy done with removal of the mass. HPE show structure of a fallopian tube with hemorrhage and degenerated products of conception. Impression was consistent with ectopic tubal pregnancy in right tube.

DISCUSSION

A chronic ectopic pregnancy is not a very rare entity and hence should be kept in the differential diagnosis of any complex adnexal mass. It classically has very mild symptoms and protracted course (1). USG can mimic that of PID, endometriosis or uterine leiomyoma (3). Serum HCG level also tend to be negative. Persistent of very small mass of active trophoblastic tissue producing little HCG responsible of a non detectable serum level (4-7) Enhanced clearance from serum of nascent hormone (unknown process). A clinical suspicion is all that can help in obtaining a pre-operative diagnosis. In this case, serum

HCG was negative, USG suggestive of Endometriosis/ fibroma, CECT suggestive of fibroma. Patient main complaint was lower abdominal pain, menstrual cycle was regular. HPE proved to be chronic ectopic gestation. A unruptured ectopic mass on medical management is monitered by serum HCG alone and hence not of much value in chronic ectopics. While doing laparotomy ectopic tissue excision for diagnosis of occasional neoplastic disease can be done.

CONCLUSION:

We can conclude that differential diagnosis of chronic ectopic pregnancy should be kept in mind while dealing with a case of adnexal mass in reproductive age group, even though HCG and urine pregnancy test are negative.

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