

Left interstitial ectopic pregnancy in a woman with ipsilateral adnexectomy

Gravidez ectópica intersticial após anexectomia ipsilateral

Mariana Pimenta¹, Sara Pereira¹, Cláudia Araújo²

Centro Hospitalar Universitário Lisboa Norte - Hospital de Santa Maria

Abstract

Ectopic interstitial pregnancy is a rare entity associated to higher mortality when compared to other ectopic pregnancies. We present a singular case of a seven weeks interstitial pregnancy in a patient with ipsilateral adnexectomy highlighting intrauterine transmigration as an etiology of spontaneous ectopic pregnancy even after complete resection of fallopian tube.

Keywords: Interstitial pregnancy; Ectopic pregnancy; Intrauterine transmigration; Ultrasound.

Ectopic interstitial pregnancy is a rare entity with an estimated incidence of 2-6% of all ectopic pregnancies and occurs in the proximal intramural section of the fallopian tube¹. The known predisposing factors include salpingectomy, pelvic inflammatory disease, pelvic surgery, previous ectopic pregnancy, uterine anomalies or tumors and *in vitro* fertilization. Due to myometrial distensibility they tend to appear considerably late and a cornual rupture can lead to a catastrophic hemorrhage^{1,2}. The mortality rate is 2-2.5% and is seven times higher than all other ectopic pregnancies^{1,2}.

The high sensitivity of ultrasound makes it the preferred initial method of diagnosis¹. The ultrasound findings include an empty uterine cavity and the presence of eccentrically located gestational sac (GS) at the uterine fundus at least 10mm from the lateral edge of the uterine cavity and surrounded by myometrial tissue³.

We present a case of a spontaneous interstitial ectopic pregnancy ipsilateral to a prior adnexectomy.

A 25-year-old woman with history of two previous abortions and a prior left laparoscopic adnexectomy for ovary torsion presented to the emergency room with

abdominal pain and 8 weeks of amenorrhea. The patient was haemodynamically stable and had left lower quadrant pain. On transvaginal ultrasound, a thick and hyperechogenic endometrial lining was seen and no intrauterine GS could be found. A GS with an embryo with a crown-rump length of 10.3mm and cardiac activity was identified in the left cornual area (Figure 1), corresponding to a 7 week pregnancy. In a transverse



FIGURE 1. Embryo with crown-rump length of 10.3mm

1. Interna de Ginecologia e Obstetrícia, Departamento de Obstetrícia e Ginecologia, Centro Hospitalar Universitário, Lisboa Norte - Hospital de Santa Maria, Lisboa, Portugal

2. Assistente Hospitalar Graduado de Ginecologia e Obstetrícia, Departamento de Obstetrícia, Ginecologia e Medicina da Reprodução, Centro Hospitalar Universitário, Lisboa Norte - Hospital de Santa Maria, Lisboa, Portugal



FIGURE 2. Ultrasound transverse plane at the uterine fundus. Gestational sac (GS) located in the interstitial portion of the fallopian tube, 11mm from the uterine cavity, surrounded by myometrium.

plane at the uterine fundus it became clear that the GS was located 11mm from the uterine cavity, in the intramural portion of the tube (Figure 2). As expected from the patient's history we could not identify the left ovary. A *corpus luteum* image was seen in the right ovary.

A laparoscopic surgery was performed and no remanent left fallopian tube was seen. A left cornual resection was successfully performed without complications.

About one-third of spontaneous pregnancies in

women with previous salpingectomy can result from oocyte transperitoneal migration to the contralateral fallopian tube⁴. The present case enhances the possibility of intrauterine transmigration of a fertilized egg as an etiology of spontaneous ectopic pregnancy. Therefore, the occurrence of ectopic pregnancy even after a complete resection of ipsilateral fallopian tube is still a possible event.

Patient informed consent was obtained.

REFERÊNCIAS BIBLIOGRÁFICAS

1. Maximilian Brincat, Alison Bryant-Smith, T. K. Holland. The diagnosis and management of interstitial ectopic pregnancies: a review. *Gynecol Surg* (2019) 16:2
2. Radwan Faraj, Martin Steel. Review Management of cornual (interstitial) pregnancy. *The Royal College of Obstetricians & Gynaecologists*. 2007;9:249–255.
3. D. Jurkovic, D. Mavrelos. Catch me if you scan: ultrasound diagnosis of ectopic pregnancy. *Ultrasound Obstet Gynecol* 2007; 30: 1–7.
4. Jackie A. Ross, Amelia Z. Davison, Yasmin Sana, Adjoa Appiah, Jemma Johns, Christopher T. Lee. Ovum transmigration after salpingectomy for ectopic pregnancy. *Human Reproduction* 2013 Apr;28(4):937-41.

ENDEREÇO PARA CORRESPONDÊNCIA

Mariana Pimenta
Centro Hospitalar Lisboa Norte
E-Mail: marianamgpimenta@gmail.com

RECEBIDO EM: 25/06/2020

ACEITE PARA PUBLICAÇÃO: 24/09/2020