Laparoscopic Removal of Heterotopic Pregnancy with Subsequent Term Delivery of Intrauterine Fetus; A Case Report



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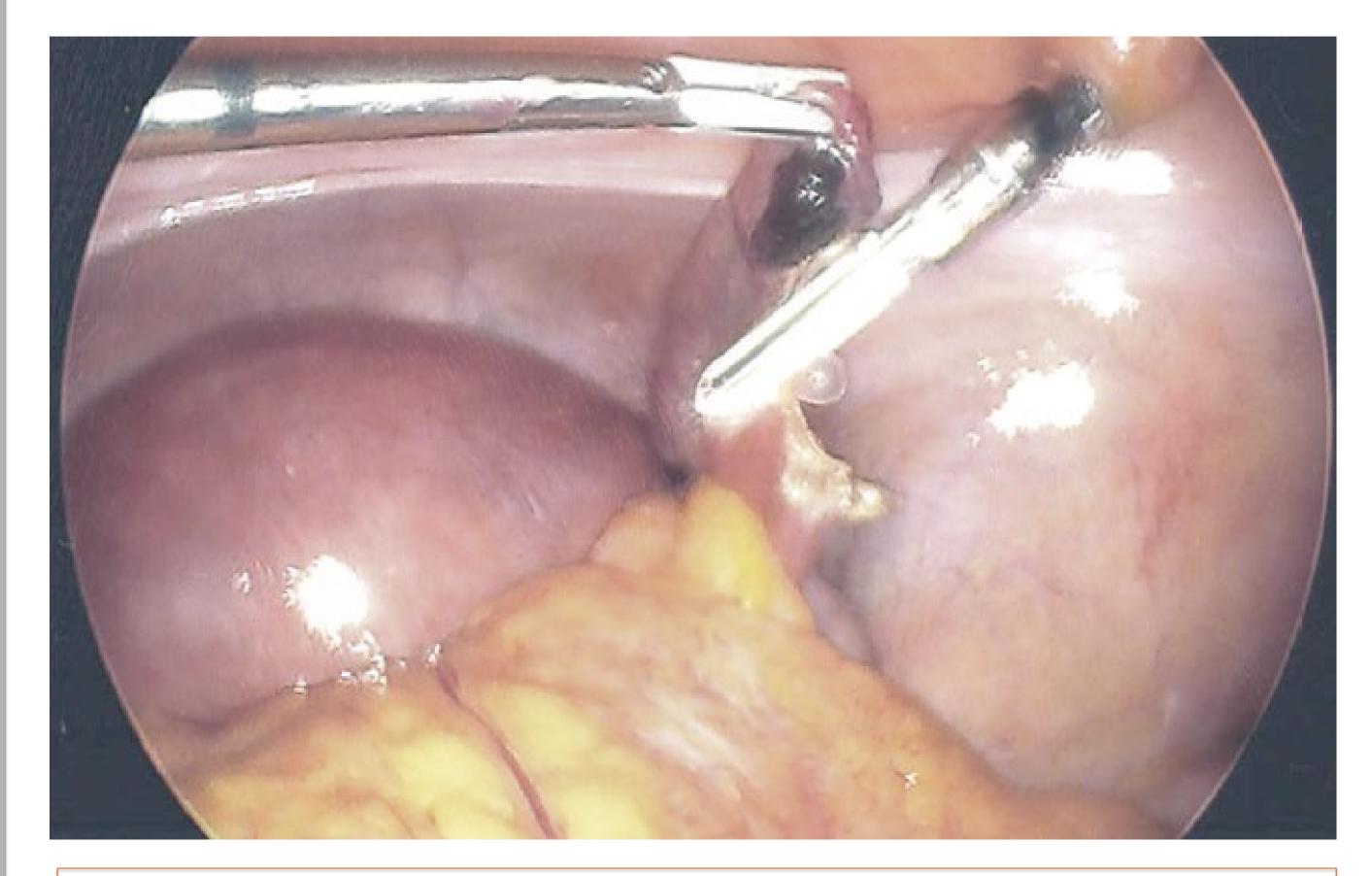
INTRODUCTION

Heterotopic pregnancy has a reported incidence of 1 in 30,000 spontaneous pregnancies and 1 in 100 pregnancies using In-Vitro Fertilization.¹ Although rare, the incidence is rising and a consensus for management has yet to be published. Expectant management, laparoscopy, laparotomy, and fetal reduction are current management methods, yet each presents unique risks to the mother and intrauterine pregnancy.² Due to the lack of guidance, clinicians are left to decide the best route based on the clinical scenario and their individual comfort.

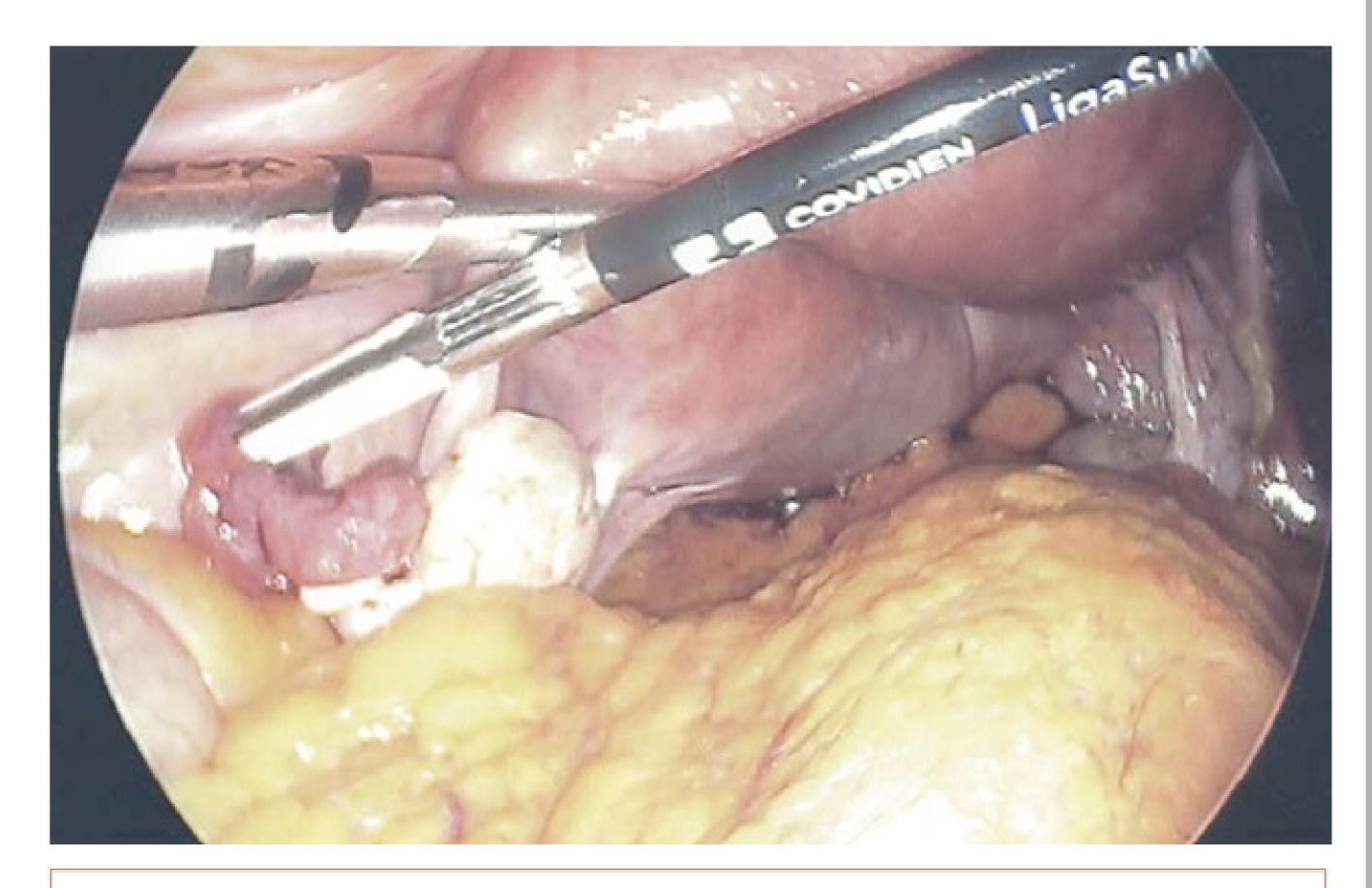
CASE PRESENTATION

A 42-year-old G5P3023 Hispanic female presented to the Emergency Department (ED) for vaginal bleeding and lower abdominal cramping. B-hCG on presentation was 15,000 mIU/mL. A transvaginal ultrasound (TVUS) showed an irregularly shaped sac within the endometrial cavity and a cystic structure adjacent to the right ovary. She was hemodynamically stable and instructed to return in 48 hours for reevaluation. Repeat B-hCG was 53,000 mIU/mL and the TVUS noted intrauterine and right-sided ectopic pregnancies consistent with gestational ages of 5 weeks and 6 days. She underwent a laparoscopic right salpingectomy without complications. She ultimately delivered a term neonate with no consequences from the early gestation laparoscopy.

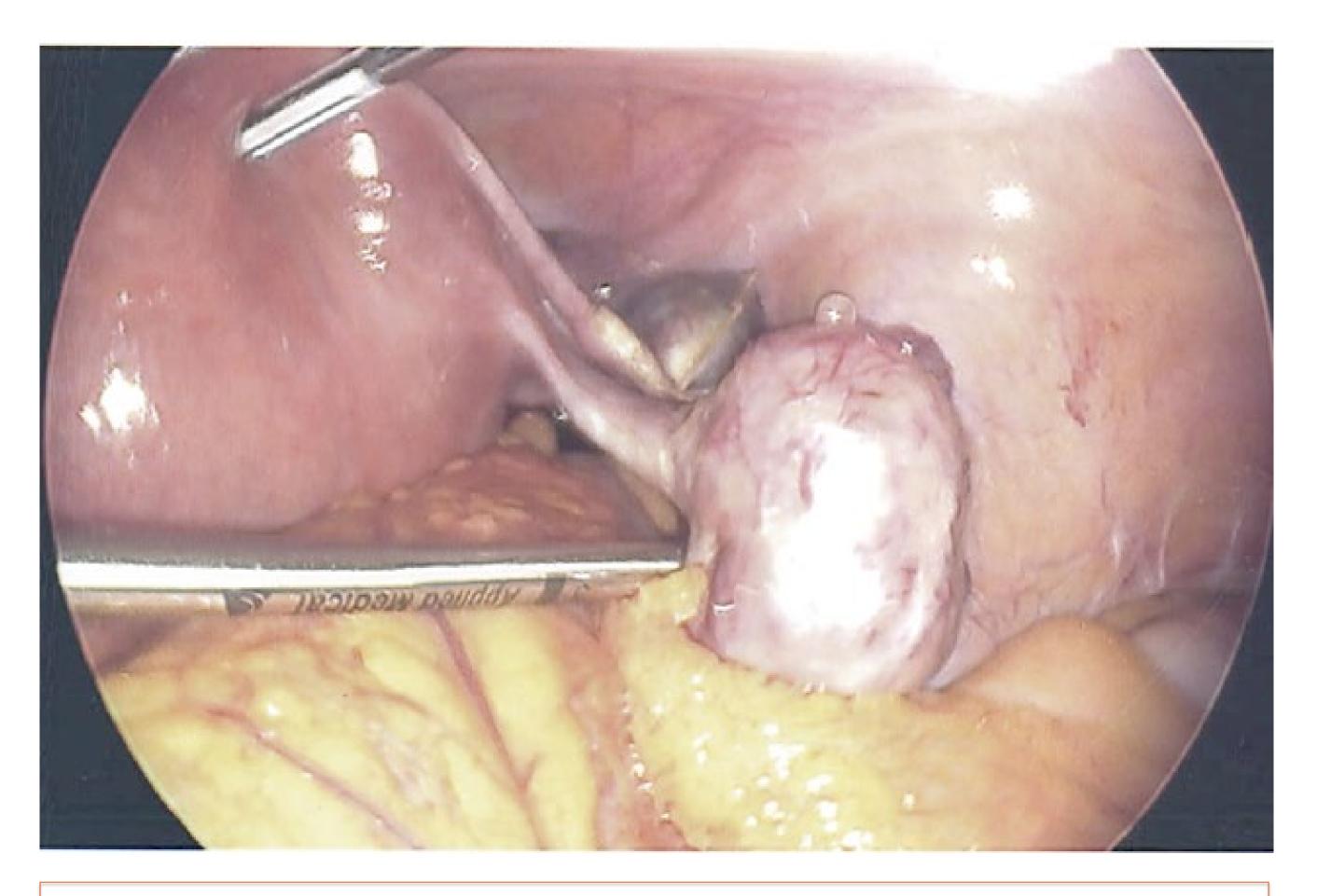
INTRAOPERATIVE IMAGES



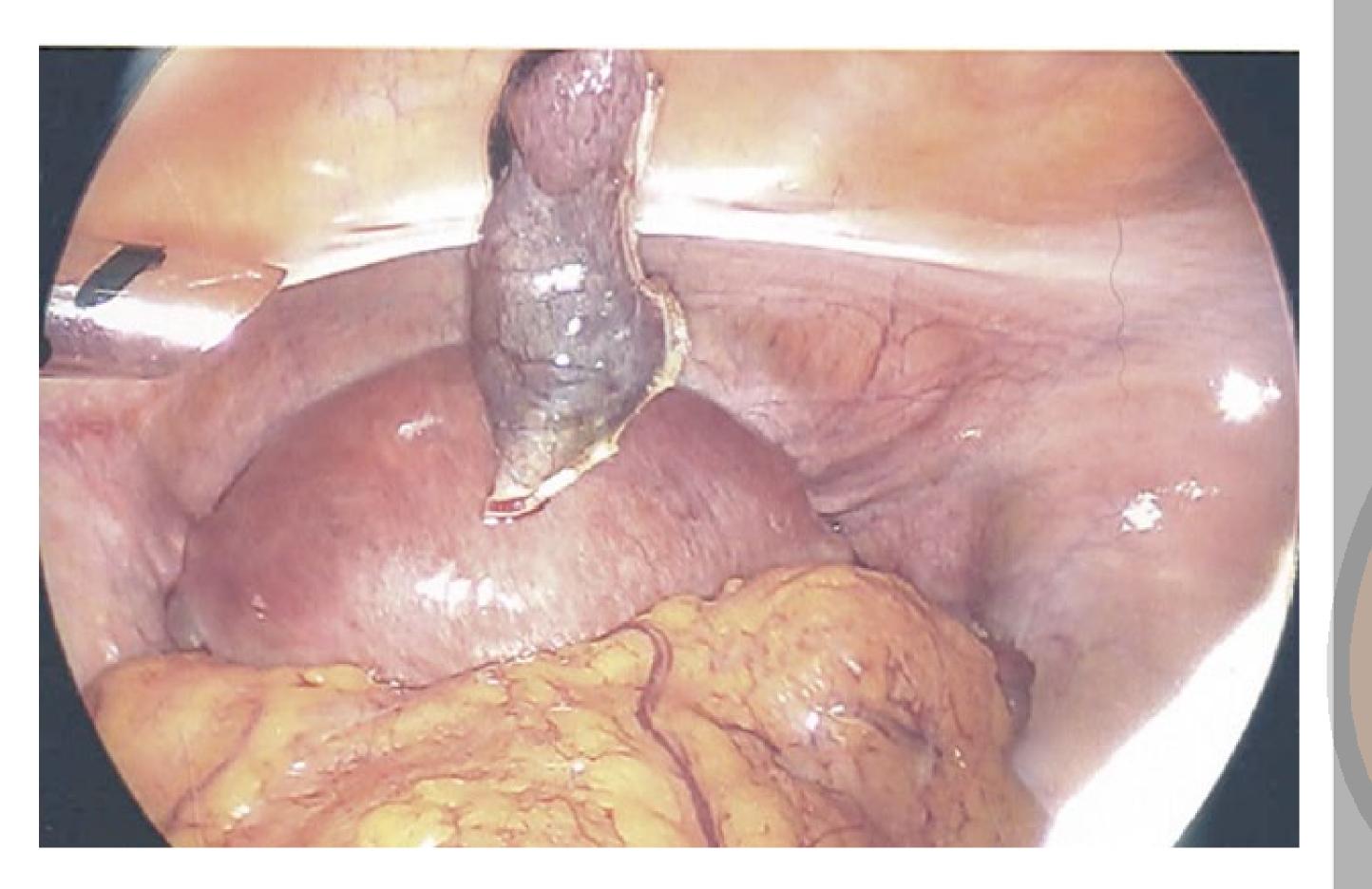
Ectopic pregnancy visualized on right fallopian tube at initiation of removal



Free blood noted in pelvis



View of normal right sided ovary, utero-ovarian ligament, and round ligament s/p removal of right fallopian tube with ectopic pregnancy.



Right fallopian tube with ectopic pregnancy completely separated from uterus

CONCLUSION

A Heterotopic pregnancy is defined as a multifetal pregnancy containing one conceptus with normal uterine implantation that coexists with one implanted ectopically.³ Consistent with numerous prior published data, our case report confirms laparoscopy as a safe and effective method for management of the extrauterine pregnancy of a heterotopic pregnancy while maintaining the integrity of the intrauterine pregnancy.⁴⁻⁹

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