



**TWIN AMPULLARY ECTOPIC PREGNANCY WITH ONE LIVE FETUS AND ONE
FETAL DEMISE- A RARE CASE REPORT**

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ABSTRACT

In recent times the incidence of ectopic pregnancy has increased but still cases of twin ectopic pregnancy are rare. We report a case of 34 year old gravida two patient with amenorrhea for 2 months and lower abdomen pain. Urine pregnancy test was positive. She was referred for ultrasonography. Trans vaginal ultrasonography was done which showed twin ectopic pregnancy in left fallopian tube.

KEYWORDS: Twin ectopic pregnancy, lower abdomen pain, Trans vaginal ultrasonography.

INTRODUCTION

When an embryo gets implanted outside the normal intrauterine location, it is known as ectopic pregnancy and it is the most common cause of haemorrhage and maternal death in first trimester. In recent times the incidence of ectopic pregnancy has increased but cases of twin ectopic pregnancy are rare.

CASE

34 year old patient with amenorrhoea for 2 months came to the hospital with chief complaints of pain lower abdomen. No history of trans vaginal bleeding. The patient was taking treatment for secondary infertility. There was past history of ovarian drilling 5 years back.

On per abdomen examination there was tenderness in lower abdomen. Urine pregnancy test was done which was positive. She was advised ultrasonography. Trans vaginal ultrasonography was done which showed no intrauterine gestational sac. Right ovary was normal. There was presence of two round to oval shaped gestational sacs lying adjacent to each other in left adnexa. Foetal pole was seen in both the gestational sacs. FHR was noted in first foetus whereas FHR was absent in the second foetus. Crown rump length corresponded to gestational age of 6 weeks 5 days in first foetus(live) and 6 weeks 2 days in second foetus. Left ovary was normal and was seen separately from the gestational sacs. Free fluid was seen in the pelvic cavity.



Figure 1: Trans vaginal ultrasonography image showing two gestational sacs in left adnexa with foetal pole inside. Free fluid is also seen in the pelvis.

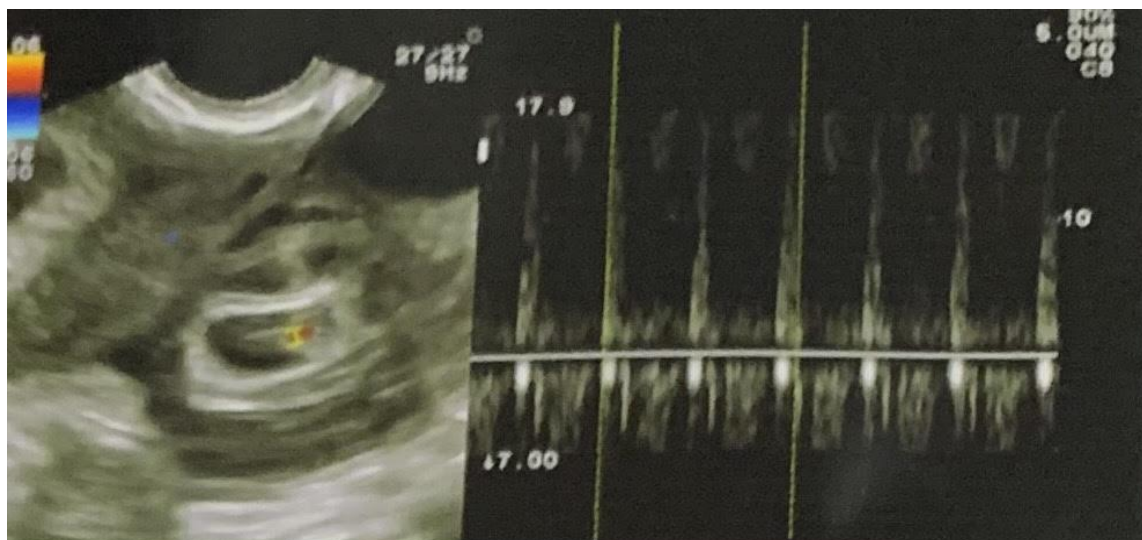


Figure 2: Trans vaginal ultrasonography and M mode image showing foetal heart rate in one of the gestational sac.

DISCUSSION

Concurrent unilateral ectopic implantation of two embryos in the fallopian tube is called as Twin tubal ectopic pregnancy. It is very uncommon and constitutes only 0.5% of all ectopic pregnancies.^[1] Various risk factors for ectopic pregnancy include previous ectopic pregnancy, tubal or uterine abnormality, tubal surgery or caesarean section, pelvic inflammatory disease, intrauterine contraceptive device, advanced maternal age and assisted reproductive techniques.^[2] Out of all these risk factors for ectopic pregnancy, the chances of twin tubal ectopic pregnancy is more in patients with history of in vitro fertilization and pelvic inflammatory disease.^[3] Clinical symptoms for ectopic pregnancy include pelvic pain, cervical motion tenderness, vaginal bleeding and palpable adnexal mass.^[2] Ultrasonography plays an important role in early detection of ectopic pregnancy and thus help in timely management and prevention of complications. In patients suspected with ectopic pregnancy, out of trans abdominal and trans vaginal sonography, trans vaginal sonography (TVS) also more comprehensive evaluation of adnexa and helps radiologist in making a correct diagnosis.^[4] Various ultrasonography findings include absent intrauterine gestational sac, adnexal mass or cardiac activity in the adnexal mass (100% specific).^[2] If free fluid with internal echoes is present in pelvic cavity it is suggestive of haemoperitoneum due to rupture of ectopic pregnancy.

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