Bilateral, tubal pregnancy treated with conservative endoscopic surgery

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Summary

Bilateral tubal pregnancies are very rare and those diagnosed during surgery, and at the same gestational age, are even more rare. A 28-year-old womand who had been treated with conservative laparoscopy for another tubal pregnancy a few years before and lateral by laparotomy for corpus luteal hemorrage had a bilateral tubal pregnancy treated by conservative endoscopic surgery.

Key words: Bilateral tubal pregnancy; Laparoscopy; Conservative endoscopic surgery.

Introduction

Bilateral tubal pregnancy was defined as a rare and catastrophic reproductive phenomena by Mattingly in 1977 [1]. It is very rare and is reported to be between 1:725 and 1:1,580 of all ectopic pregnancies [2, 3].

The first case of bilateral tubal pregnancy treated by laparoscopy was reported in Mexico in 1993 [4].

The authors describe a case of bilateral tubal pregnancy which initiated naturally and not after stimulation for fertilization.

Case Report

A 28-year-old woman who already had undergone conservative laparoscopy for a tubal pregnancy on 07-02-1998 and after a laparotomy for corpus luteal hemorrage during a successive pregnancy on 15-05-1998 came under our observation at the 5th week of gestation with increasing pelvic pain and slight bleeding from the genitals on 05-12-2000.

Physical examination of the abdomen and laboratory examination were normal. At gynacological exploration the uterus had normal volume with the external orifice closed. The adnexal regions were not well evaluable and the patient felt pain on palpation, also in the Douglas pouch.

At the ultrasound examination the uterus appeared normal and there were no gestational sacs. The adnexi were not visable. In consideration of the patient's increasing abdominal and pelvic pain and her general condition an exploratory endoscopic operation was performed.

By pneumoperitoneum with 3.8 ml of CO_2, a hemoperitoneum (30 ml) was observed. The uterus appeared normal. Both the tubes appeared iperenic and dilated (Figure 1a). The left tube appeared dilated of about 2 cm in its ampulla with abortive materal attached to the wall. With slight compresion the abortive materal was expulsed (Figure 1b). The right tube appeared to have a sack-like dilatation, was hyperemic in the middle with slight bleeding from the ampulla (Figure 1c). Salpingectomy with removal of the abortive material was performed.

The pathological examination of the removed material from both tubes showed normally structured chorionic villi and necotic residual tissue (Figures 1d, 1e). The postsurgical course was unremarkable and the patient was released two days after. The final diagnosis was a bilateral tubal pregnancy, ampullar in the left tube and interstitial in the right tube.

Conclusions

Bilateral extrauerine tubal pregnancy is very rare and only a few cases have been described in the literature, particularly when it occurs naturally [5, 6] and not after ovulation stimulation. In this case the diagnosis was possible only by explorative laparoscopy because clinical and ultrasound examinations were not reliable.

Endoscopic surgery appears to be the best treatment in these cases because it allows, with a low biological cost, the preservation of the bilateral oophorosalpinges. In our opinion a prognostic evaluation of dangerous relapses should be considered and discussed with the patients. Frequent successive implantation of fertilized eggs in tubes preserved after tubal pregnancy is well known.

We conclude that the best management for diagnosis and therapy is endoscopic surgery. In our opinion the diagnostic and therapeutic value of conservative endoscopic surgery is undisputable.

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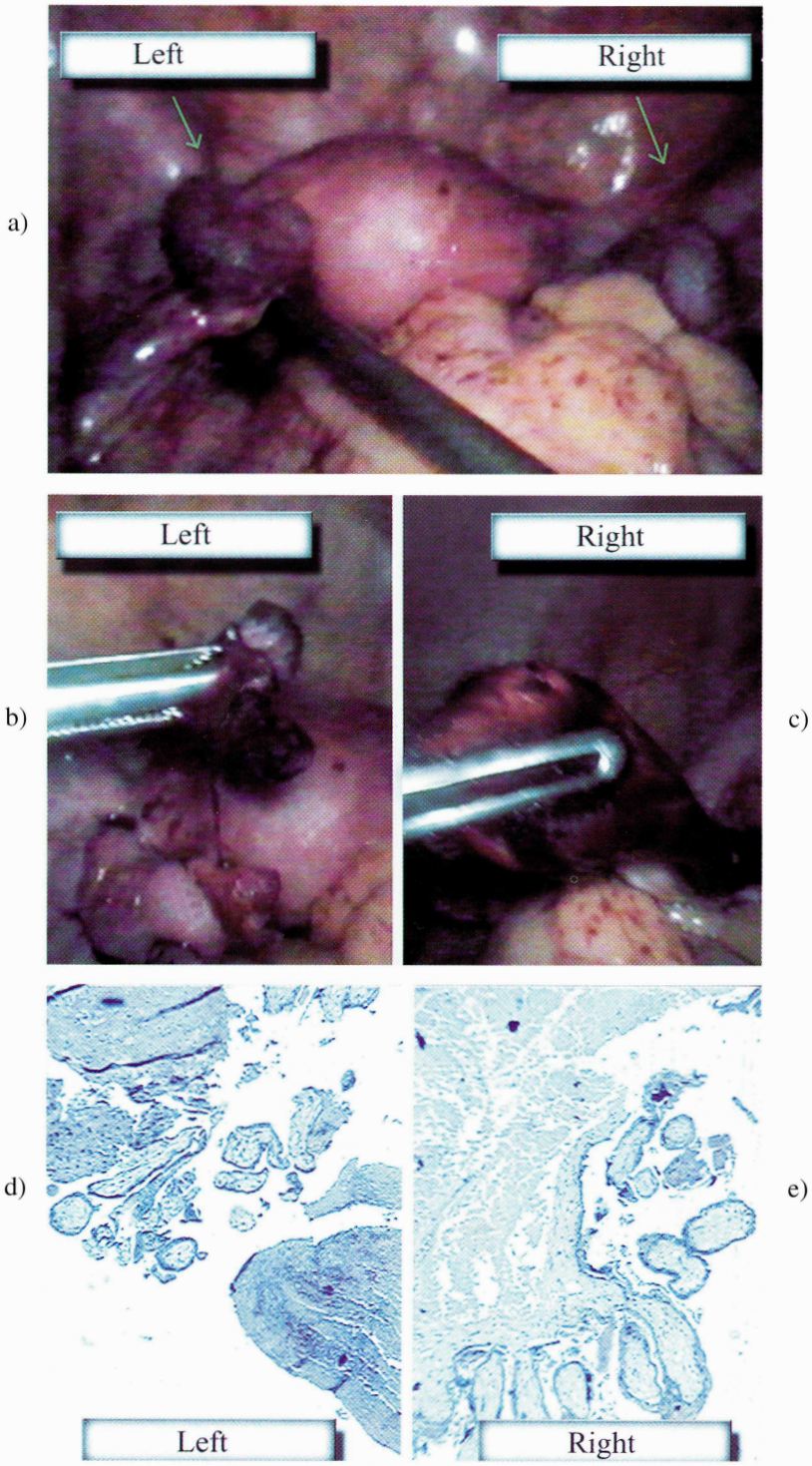

Figure 1. — **a)** A bilateral tubal pregnancy is evident. - **b)** The left salpinges with expulsion of abortive tissue by compression. - **c)** The right salpinges with sack-like dilatation. - **d)** Histopathological picture of expelled tissue from left salpinges; chorionic villi and decidual tissue are evident. - **e)** Histopathological picture of endoluminal tissue of the right salpinges; chorionic villi and decidual tissue are evident.

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