Spontaneous Bilateral Ectopic Pregnancy: Diagnosis and Management

Presenting Author
Anita Kumary Motwani, MD MPH, Obstetrics & Gynecology Resident PGY3, Department of Obstetrics & Gynecology, University of Texas Rio Grande Valley, Edinburg, TX

Co-authors
Tony Ogburn, Department Chair, OBGYN, UTRGV, Edinburg, TX

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Supplemental Video
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Category
Surgery & Surgery Subspecialties

Abstract
Introduction: While bilateral ectopic pregnancy is increasing in prevalence with assisted reproductive technology use, spontaneous occurrence is less common. Estimated prevalence of spontaneous bilateral ectopic pregnancy is 1 in 200,000. Due to the rarity, diagnosis can be challenging and management of bilateral ectopic pregnancy is not clearly defined and the patient’s obstetric history and desire for childbearing must be considered when determining management.

Case Presentation: A 33 year old primigravida at 8 weeks gestation by last menstrual period presented to clinic for confirmation of pregnancy. Transvaginal ultrasonography demonstrated a presumed right ectopic pregnancy with cardiac activity. Patient was urgently referred for surgical management. Past surgical history was remarkable for laparoscopic surgery for excision of dermoid cyst, complicated by rupture, followed by chromopertubation to confirm tubal patency. Patient had no other major risk factors for ectopic pregnancy nor use of assisted reproductive therapy. Diagnostic laparoscopy revealed large bilateral fallopian tube masses suspicious for bilateral ectopic Intraoperative ultrasonography confirmed bilateral ectopic pregnancy.

Final Diagnosis: Spontaneous bilateral ectopic pregnancy
Management and Follow-up: Bilateral salpingostomy was performed in an attempt to preserve fertility. Post-operatively, pathology confirmed bilateral ectopic pregnancy. Quantitative bHCG levels decreased appropriately and were negative after 8 weeks. Plan for assessment of tubal patency when patient desires conception.

Learning Objectives
Discuss utility of salpingostomy and salpingectomy in management of ectopic pregnancy.
Consider salpingostomy for management of ectopic pregnancy with contralateral tubal compromise.