Bilateral tubal ectopic pregnancies: A rare phenomena

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ABSTRACT

Introduction: Ectopic pregnancy is common in the general population. Conversely, bilateral tubal ectopic pregnancy (BTP) is the rarest form of extra-uterine pregnancy. The occurrence has increased with most cases being associated with assisted reproduction techniques (ART), pelvic inflammatory disease and a history of previous ectopic pregnancy or tubal surgeries. In this report, we discuss a patient with spontaneous BTP diagnosed intra-operatively.

Case Description: A 30-year-old lady, Gravida 2 Para 1 with previous caesarean section with unknown gestation period, presented to the Emergency Department with abdominal pain associated with per vaginal bleeding. She was pale, hypotensive, and tachycardic. A full clinical examination and abdominal ultrasound were performed. Hence, a diagnosis of ruptured ectopic pregnancy in hypovolaemic shock was made. The patient received anti-D immunoglobulin and was monitored closely for hemolysis. There was no delayed hemolysis for both patients at 3 months post-event. Discussion: Mismatched transfusion should be a "never event". However, with the shortage of rhesus-negative blood, we will face situations whereby mismatched transfusion would be required as a lifesaving measure. It is important to have a protocol for the management of inadvertent mismatch transfusion and immediate and long-term follow-up involving multidisciplinary teams. The dose and timing of anti-D immunoglobulin are crucial in ensuring adequate removal of D-positive red cells while monitoring for complications of intravascular hemolysis. The couple must also be made aware of the risk of Hemolytic Disease of the fetus and newborn (HDFN) in subsequent pregnancies with the possibility of requiring in-utero transfusion and iatrogenic premature delivery. All future pregnancies are deemed high risk and require Maternal Fetal Medicine follow-up.