GOTTA LOVE THE TUBE: A case report

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Abstract

Background: Diagnosis of ectopic pregnancy prior to rupture is an arduous task even with the availability of many new investigative methods and imaging modalities. Above all, a high index of suspicion is necessary when dealing with woman who present in early pregnancy with abdominal pain and vaginal bleeding. The use of transvaginal ultrasonography (TVS) will help in earlier diagnosis because of it is advantages over transabdominal ultrasonography (TAS).

Case presentation: A 36 years old woman, G2P0+1 presented at POA of 5 weeks and 5 days with history of an acute abdominal pain for 3 days' duration and PV bleeding for 1 day. She has a history of primary infertility due to female factors and a laparoscopic ovarian drilling was performed 5 years back. A 2cm uterine fibroid was also noted during that laparoscopy. Subsequently, 3 IUI were performed the following two years but all were failed. She was also diagnosed with Diabetes Mellites one month ago and it is currently well controlled with diet, Metformin and Glibencarmide. Upon examination, she had tenderness of left iliac fossa. There was no palpable abdominal mass. A transvaginal scan done and revealed an empty uterus, no free fluid, no adnexal mass, complex mass at Pouch of Douglas size of 3.3×3.6cm. On review the next day, transvaginal scan repeated with finding of right ovarian cyst with solid cystic component and left adnexal mass size of 3.5×3.5cm. An laparpscopic was done, with operative finding of left tubal pregnancy over the lenght of fallopian tube (4×2cm), left fimbriae cyst of 1×1cm, subserosal fibroid at fundus (8×5cm) and intramural fibroid (3×3cm), right paratubal cyst (3×1cm) containing strawed coloured fluid, minimal adhesion seen over right pelvic wall with bowel, both ovaries were normal, bowel and liver were normal. A left sulphingectomy was carried out. Postoperative period was uneventful.

Conclusion: Ectopic pregnancy carries a high morbidity and mortality partly due to the difficulty in establishing and early diagnosis prior to the rupture of the ectopic gestation. A high index of suspicion is necessary. With the recent advances in ultrasonography particularly transvaginal sonogram, diagnosis is made easier and more accurate.

Biography

Hawa Obeid is a post graduate student from UCSI University, Malaysia. She is currently doing her horsemanship training in Misrata Medical Center, Libya.

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