Ruptured Hematosalpinx: An Unconventional Cause of Hemoperitoneum in Early Pregnancy

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Abstract

Hemoperitoneum with an adnexal mass in reproductive age group women points to a life-threatening differential diagnosis of a ruptured ectopic pregnancy. Rarely isolated tubal pathology such as tubal torsion with hematosalpinx may mimic such a picture and the diagnosis is difficult in hemodynamically compromised patients. This is a case report of isolated hematosalpinx without torsion in early pregnancy which was histologically confirmed following surgical management.

Keywords: Hematosalpinx • Hemoperitoneum • Early pregnancy

Introduction

Acute abdomen in reproductive age females is a common gynaecological clinical presentation in the emergency setting. Differential diagnosis in this group of patients includes gynaecological causes such as an ectopic pregnancy, ovarian torsion, miscarriage, ovarian cyst accidents and pelvic inflammatory disease. Non-gynaecological causes include acute appendicitis, nephrolithiasis and urinary tract infections. Isolated tubal pathology leading to hematosalpinx without congenital anatomical deformity is rare. We present a case of a 28-year-old primigravida with isolated hematosalpinx masquerading an ectopic pregnancy. Hematosalpinx without torsion in pregnancy is an enigma, whilst rare, will be useful differential in day to day clinical scenario.

Case Report

A 28-year-old primigravida woman with a positive pregnancy test presented to the Accident and Emergency Department with an 8 day history of lower abdominal pain and self-reported passage of suspected products of conception 4 days prior. Patient denied vaginal bleeding. On examination, patient was afebrile and tachycardiac with abdominal examination revealing right iliac fossa tenderness with guarding and rigidity. An emergency transvaginal ultrasonography demonstrated an empty uterine cavity with free fluid in pouch of Douglas and around both adnexa. A 30 × 17 mm adnexal mass was seen with mixed echoes giving an impression of ruptured ectopic pregnancy (Figure 1). Her bloods were unremarkable with a serum beta HcG of 211. As patient was clinically unstable, an emergency diagnostic laparoscopy was performed.

Intra-operative findings included a 10 × 20 mm right tubal ampullary mass with associated active bleeding and 400 ml of hemoperitoneum. The left fallopian tube, both ovaries and uterus were normal. Right salpingectomy was performed with resolution of the active bleeding. Day 2 post-operatively complained of worsening lower abdominal pain and vaginal bleeding. CT abdomen/pelvis with contrast performed showed post-operative changes with no radiological evidence of bleeding. Patient had an uneventful recovery following a brief inpatient stay. Repeat serum HcG was <1 IU/L at the patient’s 3-week follow-up. She subsequently had a successful uncomplicated pregnancy a year later. Histological report revealed complete transverse section of the fallopian with normal histological features. The lumen was filled with blood with no evidence of products of conception, inflammation, endometriosis or malignancy. The final histological diagnosis was that of a hematosalpinx.

Discussion

Isolated hematosalpinx in pregnancy is a rare diagnosis and it is an enigma. It poses diagnostic and management dilemma, however the importance of reporting such a clinical case report lies in the fact that it presents similarly to an ectopic pregnancy. To date, hematosalpinx with torsion is well documented; however there is paucity of its existence with no associated torsion. Incidence of isolated fallopian tube torsion is estimated at 1 per 1.5 million women [1]. Recent literature review shows evidence of 19 cases of isolated fallopian tube torsion in pregnancy treated surgically from 1936 to 2009 [2]. Up until now, we report the first case of isolated hematosalpinx without torsion.

Figure 1. A 30 × 17 mm adnexal mass was seen with mixed echoes giving an impression of ruptured ectopic pregnancy.
Hemoperitoneum is a life-threatening condition in pregnancy. Hematosalpinx clinically mimics ruptured ectopic pregnancy. All adnexal masses in pregnancy are not ectopic pregnancy and isolated tubal disease must be a differential in all cases of acute hemoperitoneum in reproductive age group females.

References


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