

## Case Report

### Ectopic Pregnancy Following Caesarian Hysterectomy- A Rare Case

Dr. Lata Rajoria , Dr. Nupur Hooja, Dr. Asha Verma, Dr. Arpita Jindal, Dr. Premlata Mital, Dr. Rekha Mulchandani

Department of Obst. & Gynae. And Pathology, S.M.S. Medical College & Hospital, Jaipur-302015, Rajasthan, India

#### Corresponding author

Dr. Nupur Hooja

Email: [nupurhooja@gmail.com](mailto:nupurhooja@gmail.com)

**Abstract:** Ectopic pregnancy following total hysterectomy is a rare event. A survey of the literature reveals only 25 reported cases. We report one case of extra uterine gestation several years after total hysterectomy. Careful history taking, examination and an awareness of this possibility in the differential diagnosis of adnexal mass would help in reaching a diagnosis. Failure to recognize this rare complication may lead to catastrophe. Clinical, laboratory & sonographic evaluation aid in diagnosis. In this patient, pelvic sonography played a key role in diagnosis.

**Keywords:** Ectopic Pregnancy, Post-hysterectomy pregnancy, Adnexal mass

#### INTRODUCTION

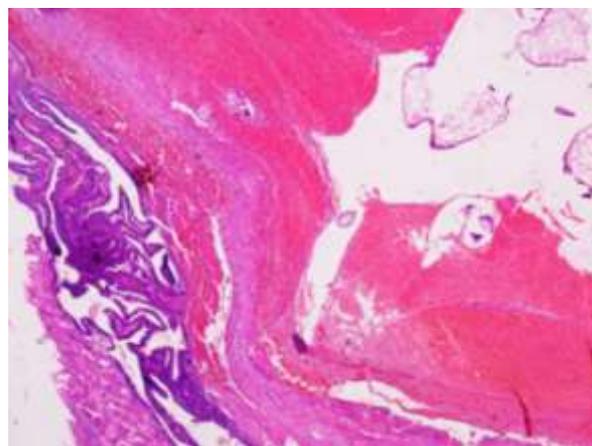
Ectopic pregnancy following total hysterectomy represents a rare event and thus there is a delay in diagnosis [1]. A survey of the literature revealed only 56 cases worldwide and only 25 reported cases of "late presentation" ectopic pregnancies [2]. We report one case of extra uterine gestation several years after total hysterectomy:

#### CASE REPORT:

A 33 year old woman was admitted with acute pain lower abdomen since five days and history of fainting attacks twice in the past two days. There was associated weakness, giddiness and loss of appetite. On general physical examination her pulse was 110/min, BP-100 mm Hg with mild pallor present. Per abdomen examination revealed extreme tenderness in lower abdomen with slight guarding. On bimanual examination, there was tenderness over the vaginal vault and a tender mass 6 x 6 cms size felt in the right fornix. Her urine pregnancy test was positive. USG revealed a mass in the pouch of Douglas, suggestive of chronic ectopic pregnancy or ovarian mass with ascites. She had 3 FTND and during her 4<sup>th</sup> pregnancy, she was admitted in our hospital 10 years ago, as a case of obstructed labour, referred from the district hospital after being handled by an untrained dai. After examination, she was diagnosed as rupture uterus and was taken for emergency laparotomy. A stillborn male child lying in the abdominal cavity was extracted out. There was rupture of anterior wall of lower segment of uterus. Total hysterectomy was done. Tubes and ovaries were normal and not removed (as per records available).

A provisional diagnosis of post-hysterectomy chronic ectopic pregnancy or a beta HCG secreting ovarian tumor was made and laparotomy was

performed. There was hemoperitoneum and a large tubo-ovarian mass 6x6 cms, hemorrhagic and soft with ? products of conception seen on the right side. Right salpingo-oophorectomy was done and mass removed and sent for histopathology. Left tube and ovary were normal. Two units of blood were transfused intra operatively. Patient made an uneventful recovery. Histopathology of the specimen revealed chronic ectopic pregnancy. (Fig.1)



**Fig.1** Microphotograph of sections of fallopian tube showing chorionic villi as products of conception, lumen of fallopian tube is seen on the left side H & E Stain 40 X.

#### DISCUSSION

Ectopic pregnancy following total hysterectomy represents an unusual event. The first case of tubal pregnancy was reported in 1895 after an interval of 6 years of hysterectomy [3]. Pregnancy may follow both abdominal and vaginal hysterectomies [4]. Most cases are due to pregnancies conceived before the hysterectomy and are subsequently identified 29 to 96 days after the hysterectomy. The "late" ectopic

pregnancies appear to be more common when a vaginal hysterectomy has been performed [5] Late ectopic pregnancies occur because of the existence of a fistula between the vagina and the peritoneum[6].This fistulous tract allows a path for the sperm to reach and subsequently fertilize ova. It has been hypothesized that fallopian tube prolapse after a vaginal hysterectomy increases the risk of an ectopic pregnancy [7].Careful history taking, examination and an awareness of this possibility in the differential diagnosis of adnexal mass would help in reaching a diagnosis. Because of the potential risk of mortality, the possibility of ectopic pregnancy should be considered in childbearing women whose surgical history includes hysterectomy without oophorectomy[8]. Failure to recognize this rare complication may lead to catastrophe .Clinical, laboratory & sonographic evaluation aid in diagnosis. In this patient, pelvic sonography played a key role in diagnosis.

#### References

1. Brown W D, Burrows L, Todd C S; Ectopic pregnancy after caesarian hysterectomy. *Obstet Gynaecol* , 2002;99 (5 :933-934
2. Fylstra DL; Ectopic pregnancy after hysterectomy: a review and insight into etiology and prevention. *Fertil Steri.*, 2010;94(2):431-5.
3. Niebyl JR: Pregnancy following total hysterectomy. *Am J Obstet gynecol*, 1974;119:512.
4. Babikian S., Thoma D.C., Berkey B.D.: Ruptured Ectopic Pregnancy Presenting 3 Years After Supracervical Hysterectomy *JUM*, 2008; 27( 7): 1087-1090
5. Fader AN, Mansuria S, Guido RS, Wiesenfeld HC; A 14-week abdominal pregnancy after total abdominal hysterectomy. *Obstet Gynecol* 2007; 109:519–521.
6. Alexander AR, Everidge GJ; Ectopic pregnancy following total vaginal hysterectomy. *Obstet Gynecol* 1979; 53(suppl):7S–8S
7. Brown WD, Burrows L, Todd CS; Ectopic pregnancy after cesarean hysterectomy. *Obstet Gynecol* 2002; 99:933–934.
8. Saad Aldin E, Saadeh J, Ghulmiyyah L, Hitti E; Review article: late post-hysterectomy ectopic pregnancy. . *Emerg Med Australas.* 2012 ; 24(3):239-43.