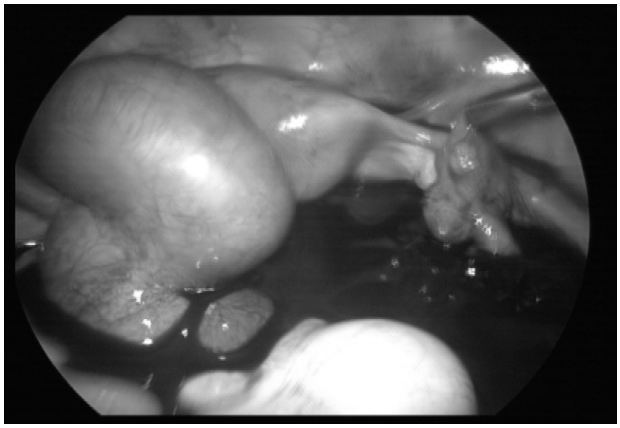
Spontaneous and simultaneous bilateral tubal pregnancy

Bilateral tubal pregnancy is a rare complication of pregnancy (1). This phenomenon usually occurs after assisted reproductive technology (ART) cycles. Nevertheless, it can be seen in normal natural menstrual cycles. The diagnosis is rarely confirmed before surgery. An attentive examination of pelvis, especially the two fallopian tubes, and abdomen is necessary to avoid missing bilateral or heterotypic pregnancies.

Case report

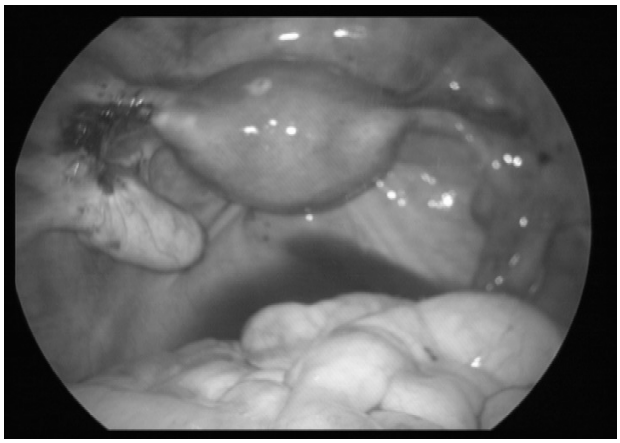
A 37-year-old woman, gravid 0, with a history of a long period of smoking and unprotected sexual activities with multiple partners, presented to the emergency department complaining of vaginal bleeding and pelvic pain with signs and symptoms of circulatory collapse. The patient didn't have any other gynecologic history. She had her first menses at the age of 12 and then regular menstrual cycles occurring every 24–28 days and lasting 5 days. On admission, the patient was in moderate general condition with a blood pressure of 103/60 mm Hg, a heart rate of 88 beats per minute and bilateral lower abdominal tenderness with rebound and guarding. The hCG level was 15.73 mIU/mL. The gynecologic examination revealed blood in the vaginal coming from the uterine cavity with normal cervix aspect. Pelvic bimanual examination revealed a bilateral Douglas pouch tenderness. A transvaginal ultrasound scan showed an empty uterus with thickened endometrium, a large free fluid in the pouch of Douglas and without any adnexal mass. No intrauterine pregnancy was visualized. Since there was the possibility of an extra-uterine pregnancy, laparoscopy was performed (Figure 1).

Figure 1 : Laparoscopic finding



It revealed a 4-cm, ruptured left ampullary tubal ectopic pregnancy removed by salpingectomy. Inspection of the right tube revealed a 2-cm second ectopic pregnancy, unruptured, in the ampullary region that was removed by a linear salpingostomy (Figure 2). Both tubes had inflammatory signs. A large amount of blood was found in the pouch of Douglas. The patient had a satisfying postoperative recovery and was discharged on the second postoperative day. Microscopic pathologic examination confirmed some immature placental villi in the right tube and placental tissue in the left tube. Chlamydia serum level was negative.

Figure 2: Laparoscopic treatment



Conclusion

The main important factor to consider, when we are faced to a bilateral tubal pregnancy, is to conserve at least one tube should be made, using linear salpingostomy. Pregnancy site must be specified from the first period of amenorrhea, especially in patients with former history of fertility or genital infections. Although this pathology is more often seen in patients undergoing ART techniques, we should always keep in mind the possibility of bilateral spontaneous ectopic pregnancy, mainly in presence of pre-cited factors.

References

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Rupture aigue d'un kyste hydatique foie dans la plèvre droite

La Tunisie est un pays d'endémie hydatique avec une incidence chirurgicale annuelle de 15/100000 habitants (1). La localisation hépatique est la plus fréquente et représente plus de la moitié des cas (2). Le kyste hydatique du foie est une maladie parasitaire bénigne qui peut en cas de complications mettre en