



## Heterotopic Pregnancy in Natural Conception Cycle

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Heterotopic pregnancy is defined as co-existence of intra uterine and extra uterine gestation. The incidence on theoretical basis is estimated to be 1 in 30,000 pregnancies. However more recent data indicates that the rate is higher because of assisted reproduction and is approximately 1 in 7000 overall and as high as 1 in 900 with ovulation induction.<sup>(1,2)</sup>

### Case report

A 26 year old Primigravida presented for an emergency visit with chief complaint of severe abdominal pain and p.v bleeding. She had irregular menstrual cycles and was not sure of her last menstrual period. She had no ante natal check up

On examination she was stable .Pallor was absent. Her vital sign were within normal limits. No abnormality was detected on cardiovascular and respiratory system examination. Abdominal examination revealed soft tender abdomen with guarding and rigidity .on per vaginal examination uterine size was around 8 weeks with an adnexal mass in right fornix.cervical tenderness was present .On ultrasonography there was heterotopic pregnancy of around 8.6 weeks with haemoperitoneum.

Emergency exploratory laparotomy with right sided salpingectomy was performed and intrauterine pregnancy was allowed to continue. The patient was put under regular follow up and she delivered a health female child weight 2.4 kg.

### Discussion

Ectopic pregnancies are life threatening emergencies which need early diagnosis for institution of treatment and are easy to diagnose. Heterotopic pregnancies on other hand are difficult to diagnose due to presence of an intrauterine gestational sac. Ultrasound is an imaging modality of choice for diagnosis.

Although heterotopic pregnancy is more common with assisted reproductive techniques, it can occur with natural conception as well <sup>(3)</sup>. Heterotopic pregnancy can have various presentations. It should be considered more likely (a) after assisted reproduction techniques, (b) with persistent or rising chorionic gonadotropin levels after dilatation and curettage for an induced/ spontaneous abortion, (c) when the uterine fundus is larger than for menstrual dates, (d) when more than one corpus luteum is present in a natural conception, and (e) when vaginal bleeding is absent in the presence of signs and symptoms of ectopic gestation <sup>[4]</sup>.Most commonly, the location

of ectopic gestation in a heterotopic pregnancy is the fallopian tube. However, cervical and ovarian heterotopic pregnancies have also been reported. [5, 6]

## References

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