

# HETEROTOPIC PREGNANCY FOLLOWING SPONTANEOUS CONCEPTION – A CASE REPORT

Dr Amy Aitken, Dr Christine Duong - St George Hospital, Sydney, Australia



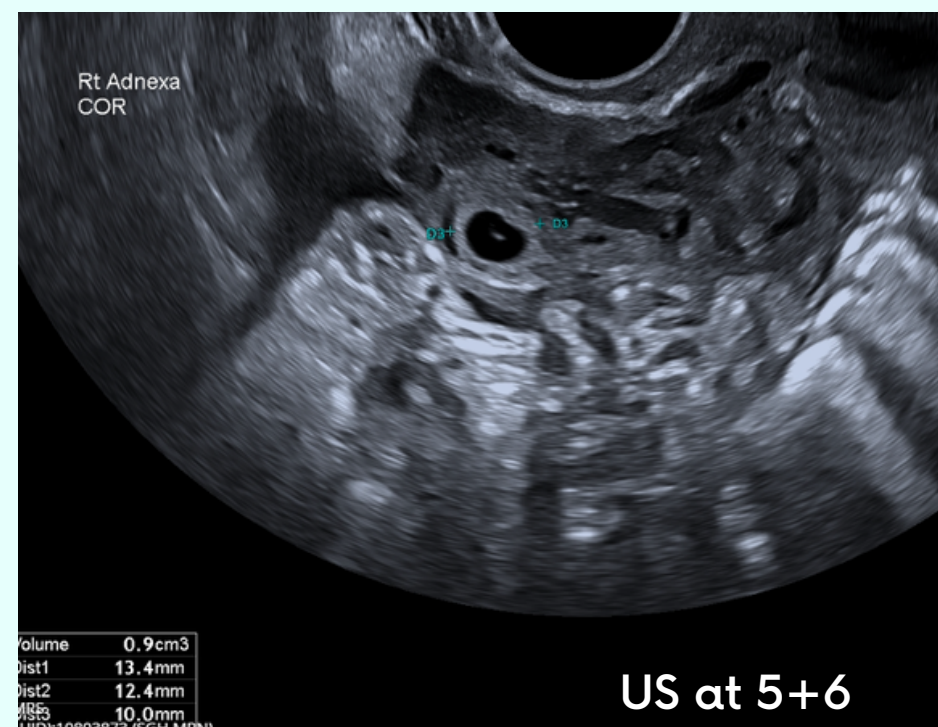
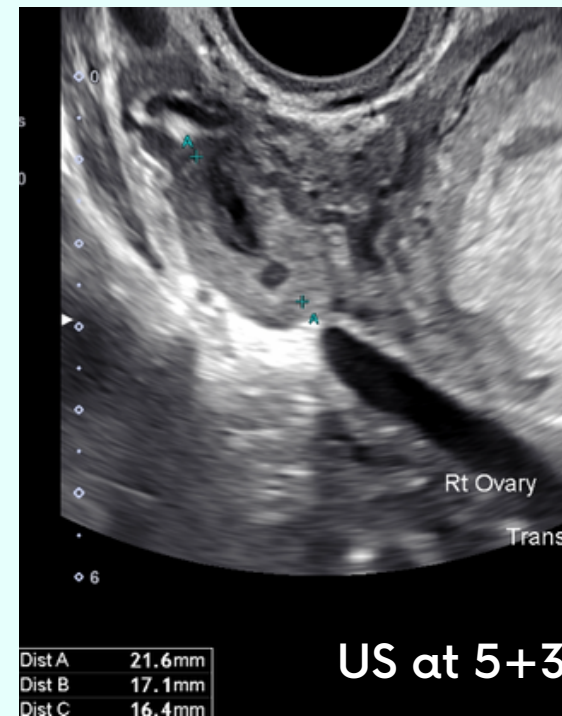
## Background

A heterotopic pregnancy describes the concurrence of an intrauterine pregnancy and an ectopic pregnancy. The estimated incidence in spontaneous conception is 1/30,000 pregnancies, and up to 1/100 pregnancies associated with assisted reproductive technology(1).

## Case

A 31-year-old G3P1 was 5+3 weeks pregnant following spontaneous conception and presented to the emergency department with 1 day of pelvic pain and no vaginal bleeding. She had a history of a tubal ectopic managed with right salpingectomy 3 months prior. bHCG was 8,473 IU/L and ultrasound identified a 7mm intrauterine structure and no evidence of an ectopic pregnancy. 2 days later she represented due to recurrence of pain, bHCG had risen to 23,824 and haemoglobin was stable.

## Ultrasound Images



## Case Cont.

Repeat ultrasound identified an intrauterine gestational sac 9x9x9mm, and an ovoid structure with thick echogenic rim located within the pelvis, superior to the right ovary 13x12x10mm containing a 2mm hyperechoic focus. No fetal heartbeat identified. Diagnosis of heterotopic pregnancy was made and was managed surgically with laparoscopic removal of a ruptured ovarian ectopic pregnancy; the uterine cavity was not breeched with the aim of continuing the intrauterine pregnancy.

## Conclusion

Diagnosis of a heterotopic pregnancy is difficult due to rarity and the presence of an intrauterine pregnancy, though should be considered as a differential for unexplained pain with a low threshold for non-invasive investigations such as ultrasound.

## References

(1). Molloy D, Deambrosis W, Keeping D, Hynes J, Harrison K, Hennessey J. Multiple-sited (heterotopic) pregnancy after in vitro fertilization and gamete intrafallopian transfer. *Fertil Steril.* 1990;53(6):1068-1071. doi:10.1016/s0015-0282(16)53587-0