

CASE REPORT

BROAD LIGAMENT RUPTURE ECTOPIC PREGNANCY(A RARE CASE REPORT)

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ABSTRACT:

Broad ligament ectopic pregnancy is a rare and serious form of extrauterine pregnancy with a high risk of maternal mortality. There are no specific clinical features. Ultrasonography may help in diagnosis but definitive diagnosis is made only during surgery. A 20 year old women with h/o previous 2 abortions presented with acute abdomen. She had no history of amenorrhoea but there was a history of 02 episodes of bleeding in the last month at an interval of 14 days, each episodes lasting for 2-3 days. The last episode of bleeding 10 days back. Her UPT was positive. There was marked abdominal tenderness with guarding and rigidity. Per vaginal examination revealed marked tenderness in the right fornix and cervical motion tenderness, uterus size could not assessed due to tenderness. It was diagnosed as a case of ruptured ectopic pregnancy, since she was haemodynamically unstable, emergency laparotomy was done, she had a right sided broad ligament ectopic pregnancy which had ruptured. The tissue was completely removed and haemostatic sutures were taken. High index of clinical suspicion, early diagnosis and prompt surgery is the key of management.

KEYWORDS: broad ligament, ectopic pregnancy, laparotomy

INTRODUCTION:

Ectopic pregnancy is a type of pregnancy that occurs outside the normal uterine cavity. Fallopian tube is the most common site of ectopic pregnancy(95% cases) and abdominal accounts for 1%. Ectopic pregnancy in the broad ligament ia a retroperitoneal abdominal pregnancy in which the foetus of gestational sac develop within the leaves of the broad ligament. It has a reported incidence of 1 in 183900 pregnancies and occurs in about 1 in 245 ectopic pregnancies.

The maternal mortality rate has been reported to be high as 20%.

This is because of massive haemorrhage from partial or total placental separation or rupture of gestational sac into peritoneal cavity.

For an abdominal pregnancy, to reach advanced stage of gestation with viable foetus is very uncommon.

In recent years, more and more patients were diagnosed in 1st trimester.

There are no specific clinical features for the rare form of ectopic pregnancy to enable diagnosis to be made preoperatively.

It thus remains a major diagnostic challenge on laparotomy.

Definitive diagnosis is made only on surgical exploration.

Here we are describing a case of ruptured broad ligament ectopic pregnancy at a very early gestational age that was diagnosed on laparotomy.

In our institution, 100 ectopic pregnancies are being operated from Jan 2018 to June 2018 and this was the only case reported till date in last 6 months.

CASE REPORT:

A 20 year old woman with previous 2 abortions presented on 6 Feb 2018 with generalized abdominal pain since few hrs. She had no complaint of bleeding per vaginal. She had no history of amenorrhea but there was history of 2 episodes of bleeding in the last months at an interval of 14 days, each episode lasting for 2-3 days. The last episode of bleeding 10 days back. Her UPT was positive on the day of admission. She had been married for 3 years back and had conceived spontaneously.

She had a spontaneous abortion at 6 week amenorrhea 1.5 years back and another 1st trimester spontaneous abortion 8 months back in which curettage was done. Her past history and family history was unremarkable.

On examination she was distressed and pale. Her pulse rate was 110/min and BP was 106/68 mmHg.

PA- revealed marked tenderness guarding and rigidity. Uterus was not palpable.

PV- revealed marked tenderness in the right fornix and cervical motion tenderness, uterus size could not be assessed due to tenderness.

Her HB was 8.8 gm/dl and blood group was O+ ve. USG could not be done as the patients was haemodynamically unstable. The decision for emergency laparotomy was taken due to high clinical suspicion of ruptured ectopic pregnancy. 2 unit of blood were arranged. Intra operative around 500 ml of blood was present in the peritoneal cavity. Both the fallopian tubes and ovaries and uterus were found normal

After intensive search for the focus of ectopic, a small around 2 cm rent was found on the posterior side of right sided broad ligament which was bleeding and through which some tissue was protruding out.

The tissue was completely removed and sent for histopathological examination and haemostatic sutures were taken. Histopathological report confirmed the tissue as product of conception. Patient had uneventful recovery and was discharged on day6. She was doing well on follow up.

DISCUSSION:

Broad ligament pregnancy is a rare but life threatening condition. Material mortality is a high as 20%. This is similar study done by phupong V. Lertkhachonsuk R. Triratanachat S. Sueblinvong T. Pregnancy in the broad ligament. It is either due to primary implantation of the zygote on the broad ligament or followed by secondary implantation from the fallopian tube, ovary or other peritoneal surface. Similar study done by Sharma S. Pathak N. Goraya SPS. Mohan P. Broad ligament ectopic pregnancy. The incidence of ectopic pregnancy 0.91%. This is in agreement with most of study from developing countries where incidence 0.56-1.5%.

In this case primary focus of ectopic pregnancy could not be found elsewhere except the broadligament.

RISK FACTOR:

1. A history of secondary infertility.
2. Use of assisted reproductive technologies
3. Pelvic inflammatory disease
4. Use of intra uterine devices
5. Use of progesterone only pills
6. A previous history of ectopic pregnancy
7. Endometriosis

There was no apparent risk factor in this case. The clinical presentation in broad ligament ectopic pregnancy is highly variable and can range from asymptomatic early ectopic pregnancy to rupture in labour at term. Dull lower abdominal pain during early gestation is common. This has been attributed to the placental separation, tearing of broad ligament and small peritoneal hemorrhage. Vaginal bleeding is also a common feature reported in up to half of the patients. In this case, patient presented with severe abdominal pain with guarding and rigidity and no vaginal bleeding, making the differential diagnosis towards rupture ectopic pregnancy was made.

DIAGNOSIS:

- Ultrasound is the investigation for diagnosis.
- S. beta HCG level >1000 mIU/ml
- MRI provides additional information for evaluating the extent of uterine and mesenteric
- The old saying “in a reproductive age group lady with atypical amenorrhoea, pain abdomen and bleeding, think of an ectopic pregnancy”, still hold good for diagnosis of ectopic.
- Broad ligament ectopic pregnancy difficult to diagnosis on imaging.

MANAGEMENT:

- The management is exploratory laparotomy. However, stable patients with early gestation can be considered for laparotomy removal for small broad ligament pregnancies
- Our patient immediately taken for laparotomy with exclusion of the mass and had uneventful recovery

CONCLUSION:

Broad ligament ectopic pregnancy is not only rare but also diagnostic challenge. High index of clinical suspicion, early diagnosis and prompt surgery is the key to management.

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