



Ectopic Twin Pregnancy: A case report

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ABSTRACT

Spontaneous pregnancy of a live twin ectopic pregnancy is very rare. The obstetrics and gynecology department at El Obeid Teaching Hospital in Sudan discovered this twin ectopic pregnancy. A prime-aged woman, p1+1, had five days of lower abdominal pain. She also reported a seven-week menstrual stop and a positive serum HCG test. Ultrasounds showed an ectopic twin pregnancy in the right adnexa and an embryonic-free uterine cavity. She performed an emergency laparotomy after seeing a considerable increase in discomfort and sensitivity while prepping the patient for surgery. The patient with hemoperitoneum and right ruptured twin pregnancy is improving throughout follow-up. There is no definitive recommendation for treating ectopic twin pregnancies.

Keywords: Ectopic pregnancy, conception, obstetric emergency

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INTRODUCTION

Ectopic pregnancies are the leading cause of maternal mortality in the first trimester, with an incidence of 5%–10% of all pregnancy-related deaths. Diagnosis of ectopic pregnancies is difficult due to clinical mimics and non-specific symptoms of abdominal pain and vaginal bleeding [1]. Ectopic pregnancy occurs when a fertilized ovum implants outside of the uterine cavity. Risk factors include a history of pelvic inflammatory disease, cigarette smoking, fallopian tube surgery, previous ectopic pregnancy, and infertility. Serial beta human chorionic gonadotropin levels, serial ultrasonography, and, at times, uterine aspiration can be used to arrive at a definitive diagnosis. Treatment of a diagnosed ectopic pregnancy

includes medical management with intramuscular methotrexate, surgical management via salpingostomy or salpingectomy, and, in rare cases, expectant management. A woman who has been diagnosed with an ectopic pregnancy should have surgery right away if she has peritoneal signs or hemodynamic instability, if her initial beta human chorionic gonadotropin level is high, if ultrasonography shows fetal cardiac activity outside of the uterus, or if medical management is not an option [2, 3]. Given the rarity of twin ectopic pregnancies, it is important to address the question of where they originate and whether they are similar or not. In this report, we dealt with a case of



twin ectopic pregnancy, which was detected by chance before the development of complications.

CASE REPORT

A 37-year-old woman from Alfola city, West Kordofan state, approximately 289 kilometers from El-Obeid city, presented to our clinic with a five-day history of left-sided abdominal pain and a 7-week history of amenorrhea. She was born via cesarean section prior to the age of 20, is G3 P 1+1, and has a prior history of miscarriage during the third trimester of a twin pregnancy. She presented herself at our obstetrics and gynecology facility subsequent to receiving a diagnosis of an ectopic pregnancy from a sonographer in her place of residence. There was no pain, vaginal bleeding, or gastrointestinal distress that she reported. Her vital signs were within normal range, and the examination revealed a soft abdomen and a small tender lesion in the right iliac fossa. All other tests came back normal, except for the serum HCG level, which was positive. Images 1 and 2 show a healthy ectopic twin pregnancy in the right adnexa, whereas image 3 shows an empty uterine cavity. Following the patient's counseling, an appointment for surgery was set up. During the patient's preoperative preparations, she complained of severe abdominal pain and sweating. Upon examination, the doctor found hemoperitoneum and a ruptured right ectopic pregnancy; the patient underwent a right salpingectomy (see Image 4). The patient's left tube was attached to the posterior uterine wall and had an abnormal fimbrial end, suggesting pelvic inflammatory disease. The patient's postoperative recovery was smooth, and she was counseled regarding her fertility.

DISCUSSION

Ectopic twin pregnancy is a rare and hazardous first-trimester pregnancy condition. To avoid maternal morbidity and mortality, a high index of suspicion and rapid intervention are required. Unilateral tubal twins are a rare diagnosis, occurring in approximately one in every 200,000–2,500,000 spontaneous births [4,5].

Obstetric abdominal pain poses a challenging diagnostic challenge in the emergency department (ED) due to the extensive list of differential diagnoses that must be considered and the potential for atypical signs and symptoms associated with each disease, which may be exacerbated by the patient's pregnancy. However, emergency physicians (EPs) encounter constraints on investigative imaging modalities as a result of the mandate to minimize embryonic radiation exposure. In a timely manner, EPs must address this diagnostic challenge while balancing maternal and fetal outcomes, as any delays in decision-making at the ED could endanger the life and well-being of both the mother and the fetus. Ectopic pregnancy and acute appendicitis are two common causes of abdominal distress in pregnant women who present to the emergency department. By the tenth week of gestation, identification of the latter is almost certain [6].

The fallopian tube is the most prevalent location for ectopic pregnancy. The management of such instances is not well defined. The surgical technique consisting of a salpingectomy or salpingostomy is the most common in the case of a desire to sustain an intrauterine pregnancy. Such a treatment is beneficial, but it has the potential dangers associated with surgery; therefore, in



certain circumstances, expectant management appears fair [7].

The risk of rupture is higher in twin ectopic pregnancies, and rupture is anticipated to occur in 30–50% of cases, despite the fact that the morbidity and mortality associated with singleton ectopic pregnancies have greatly decreased. For these pregnancies, surgical intervention remains the cornerstone of care [8].

In conclusion, for ectopic pregnancies, healthcare personnel should have a high level of clinical suspicion. While unilateral tubal twin ectopic pregnancies are uncommon, transvaginal ultrasonography can detect them. Laparoscopic salpingostomy is a safe and effective procedure for unilateral tubal twin pregnancy with a quick recovery time.

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Image 1: Image of gestational sac contains two fetal poles in the Rt Fallopian tube.



Image2: Two fetal poles and yolk sac within the RT fallopian tube besides the empty uterine cavity.



Image 3: empty uterine cavity with thick endometrium.

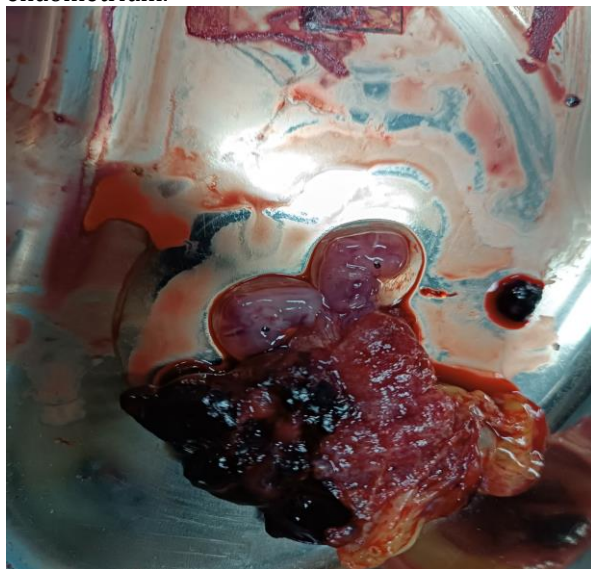


Image 4: Two embryonic fetuses and their placental tissue.

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