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# Ectopic Pregnancy with Atypical Presentation

## Atipik Prezentasyonlu Ektopik Gebelik

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**Abstract**
Ectopic pregnancy is a term used for implantation of the fertilized ovum in a location other than the uterine mucosa. This patient was referred without specific symptoms and after several examinations, ectopic pregnancy was finally diagnosed after sonography. Then salpingectomy was done.
*(JAEM 2012; 11: 249-51)*
**Key words:** Ectopic pregnancy, weakness, vomiting

**Özet**
Ektopik gebelik; döllenmiş yumurtanın uterus mukozası dışında bir yere yerleşmesi anlamımda kullanılan bir terimdir. Özel belirtiler olmaksızın ve birçok muayeneden sonra sevk edilen hastaya, sonuçta sonografi sonrası ektopik gebelik tanısı konuldu. Bunun üzerine salpenjektomi yapıldı.
*(JAEM 2012; 11: 249-51)*
**Anahtar kelimeler:** Ektopik gebelik, halsizlik, kusma

## Introduction

Ectopic pregnancy (EP) is a term used for describing implantation of a fertilized ovum on tissues other than the uterine mucosa and includes a pregnancy which may be located in the fallopian tubes, abdominal cavity, broad ligament and ovaries. The incidence of ectopic pregnancy in fallopian tubes is 95.5% which includes 73.3% in the ampulla, 12.5% in isthmus and 11.6% in fimbrial and 2.6% in interstitial tissues (1-3).

With advancing pregnancy, tubal pregnancies can reduce in size and naturally resolve or, by increasing in size, cause tubal rupture and then maternal death. Also, there are no dependable clinical, sonographic or biologic markers (B-HCG, serum progesterone) for predicting tubal rupture in ectopic pregnancies. There is 5-17% relapse in pregnant women with previous ectopic pregnancy while there is only 40-60% chance to conceive after surgery (4-7).

The incidence of ectopic pregnancy varies from country to country with the same geographical conditions and depends on risk factors concerning the population (8).

Recently, 2 met-analyses of cohort and case-control studies on risk factors of ectopic pregnancy revealed that having a history of ectopic pregnancy , previous tubal surgery, intra uterine exposure to diethylstilbestrol (DEC) history of sterilization and use of IUD increased the risk of ectopic pregnancy (9, 10). Also being pregnant with PID or being infertile caused a twofold increase in the risk.

## Case Report

A thirty-two year old woman with weakness and lethargy was brought to the emergency department by relatives. The patient, who looked healthy with no history of illness had had nausea and vomiting for 2 days without diarrhea and abdominal cramps.

In the morning on waking, she suffered from weakness and lethargy and also the patient didn't have any tonic and colonic movements, and tongue bite, and she also had no fecal or urinary incontinence. The patient also complained of vertigo and dizziness which were increased. On arrival at the emergency room, the patient was conscious and ill but not toxic and seemed pale with a cold sweat.

Her vital signs were:

BP: 90/65 mmHg PR: 110 beat/min RR: 19/min BT: 36.9°C

On examination of the conjunctiva, there was no jaundice and auscultation of the heart sound showed tachycardia without a murmur or extra sounds. Chest auscultation was normal and the abdomen was soft with no tenderness. Examination of the cranial nerves were normal and DTR was flexure.

In emergency department the patient was tested for Blood Sugar (BS) which was 98, and the Electro Cardio Graph (ECG) showed sinus tachycardia and the axis was normal with no ST-T change.

The patient's Arterial Blood Gases (ABG) were tested, which were:

PH: 7.37

PCo2: 32 mmHg

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BE: -5/4 mmol/L

$O_2$ sat: 95%

$HCO_3$: 18/1 mmol/L

And chart I showed her routine examinations.

According to her low Hb (Hb=6) and symptoms, acute blood loss was suspected.

The patient's rectal and vaginal examinations didn't show any blood or discharge. Her Urine analysis (UA) had no abnormal finding, so an abdominal ultrasound was ordered for the patient.

**Diagnose**

According to the pelvic mass on the right side near the uterus which looked like a pregnancy sac (Figure 1), a B-HCC was ordered which was positive and also free pelvic fluid was reported.

Due to the free pelvic fluid, low Hb, and being symptomatic, EP was discussed and the patient was transferred to the operating room and a laparatomy was performed (Figure 2).

## Discussion

Ectopic pregnancy or extra uterine pregnancy is described as implantation outside the uterus which occurs about 98% in fallopian tubes (11, 12).

Approximately 43-55% of ectopic pregnancies don't occur with 3 (three) classic symptoms, and also early symptoms which are common, aren't exclusive for ectopic pregnancy, and 9-30% of women probably have no abdominal pain (13-17).

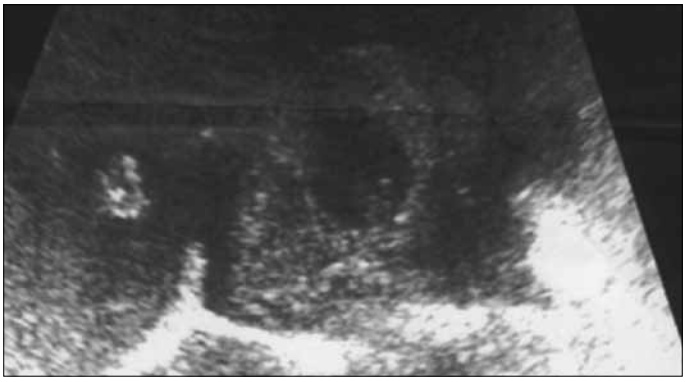

**Figure 1.** Transabdominal sonography

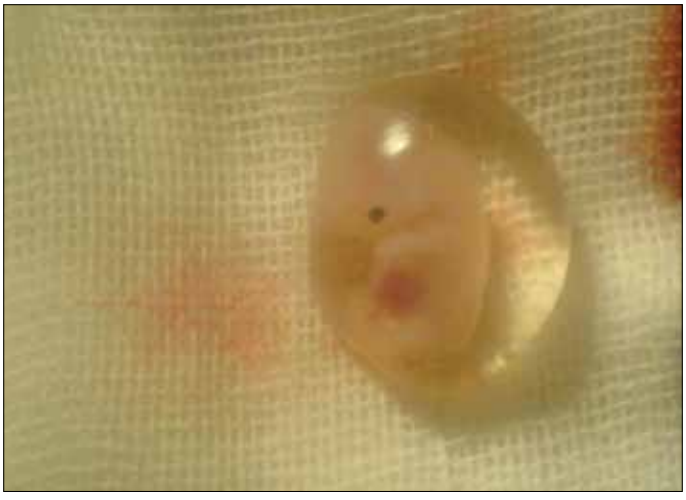

**Figure 2.** Removed fetus

Parasannan et al. (18) presented a fallopian tubal rupture with non healing inguinal hernia in a 36 year old woman with abdominal pain and swelling in the right inguinal regionwho was referred and diagnosed as a ruptured tubal pregnancy and irreducible inguinal hernia with anemia, tachycardia and abdominal pain and positive pregnancy test.

Andrews et al. (19) reported a spontaneous bilateral tubal pregnancy in a 25 year old woman with gestational age of 9 weeks and 2days who was diagnosed as a bilateral tubal pregnancy after several examinations.

Shamini et al. (20) reported a persistent ectopic pregnancy. In this report, a 36 year old woman with lower abdominal pain was referred and treated by laparatomy but after 23 days, this patient came back with the same condition.

Muthupalaniappen et al. (21) presented a tubal ectopic pregnancy in a twenty-seven year old woman with unusual menstruation with no period of amenorrhea who was referred and also she had no pain or discomfort in the abdomen. She was diagnosed by a positive urinary pregnancy test.

Felix et al. (22) reported an unusual Ectopic pregnancy in which the patient had a coexisting huge adnexal cyst and acute urinary retention. A nulli parous woman was referred with supra pubic pain, and a semi solid mass in the Douglas pouch was seen.

Our patient was also referred without any early and specific symptoms, particularly without abdominal pain or tenderness. After several reviews and various examinations, the specialists in emergency finallydiagnosed a tubal ectopic pregnancy on sonography. Therefore, it is necessaryto suspect the presence of an ectopic pregnancy in women with nonspecific symptoms. With a strong suspicion and conjecture, the ectopic pregnancies can be detected faster and complications and symptoms can be prevented.

## Conclusion

With regard to different demonstrations of ectopic pregnancy and first referral to the emergency room, in women of fertile age , ectopic pregnancy must be considered.

**Conflict of Interest**

No conflict of interest was declared by the authors.

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