

A Live Splenic Ectopic Pregnancy

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Abstract

Splenic ectopic pregnancy is very rare, it is easy to be negligence by doctors and the outcome is ominous if not treated promptly. Here we reported an extremely rare case happened in a young Chinese woman. She was admitted in to hospital by hypovolemic shock. A live splenic ectopic pregnancy was diagnosed by ultrasound. Laparotomy with splenectomy was performed and histology confirmed the diagnosis. Early diagnosis of live splenic ectopic pregnancy is critical important for save patient's life, doctors should aware this disease.

Keywords: Splenic; Ectopic pregnancy; Early detection

Case Report

A 34-year-old, gravida 3, para 2 Chinese woman with 14 weeks of amenorrhea and abdominal pain presented to hospital. She reported "vaginal spotting" and mild left-side abdominal pain for 2 days. Physical examination on admission revealed the patient in alert and pale, with a blood pressure of 90/60 mmHg. Her abdominal examination was in normal tension with mild tenderness of rebound and guarding. Bimanual examination showed uterus in normal size without bleeding. Blood work results with decreased hemoglobin level to 86 g/L, and with positive serum and urinal HCG test. Abdominal ultrasound showed an enlarged spleen, a $7.07 \times 7.0 \times 6.45$ cm fetal sac within the splenic parenchyma in the lower pole (Figure 1).



Figure 1: Abdominal ultrasound showed an enlarged spleen, a $7.07 \times 7.0 \times 6.45$ cm fetal sac within the splenic parenchyma in the lower pole.

The fetal head was 2.8 cm in diameter and fetal heart beat was regular and fast (160 beats/minute). There was a moderate amount of fluid presented in Morison pouch. The patient was taken to emergent laparotomy, a splenectomy was performed. A hemorrhaged fetal sac was found in the lower pole of the spleen, total of 1000 ml of blood with blood clot were taken out from peritoneal cavity during the operation. Further inspection the uterus, fallopian tubes and ovaries were intact and normal. Histology revealed chorionic villi and trophoblasts invading the splenic parenchyma. The patient was fully recovered after 7 days. The splenic pregnancy is one of the rarest sites for ectopic pregnancy, only 10 more cases primary splenic pregnancy have been reported in the English literature, the live splenic ectopic pregnancy is even rare [1,2]. Primary splenic pregnancy tends to present symptoms earlier than other abdominal pregnancies; most patients presenting hemoperitoneum in 6 to 8 weeks' gestation not like this case lasted to 14 weeks [3]. Because of the abundant blood supplies, splenic ectopic pregnancy tends to massive peritoneal bleeding and patient usually to be presenting to emergency in critical condition of hypovolemic shock. Early recognition and early diagnosis of ectopic pregnancy is critical important for saving mother's life. The diagnosis of splenic pregnancy is even more difficult because of lack of symptom in the first few weeks of gestation. Doctor with experience and awareness the characters of the disease is the key for diagnosis.

References

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