Bilateral Ruptured Ectopic Pregnancies with Massive Hemo-Peritonium: A Case Report in a Resource-Low Setting in Sub-Saharan Africa

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Abstract

Background: Bilateral ruptured ectopic pregnancy is the rupture of two implanted product of conception outside of the uterine cavity. Bilateral ruptured ectopic pregnancy without an initial induction of ovulation is extremely rare. It’s occurrence with a major life threatening complication such as massive hemo-peritonium worsens the prognosis. Immediate diagnosis and surgical intervention is required. Few cases have been identified.

Case report: We report the case of bilateral ruptured ectopic pregnancy with massive hemo-peritonium diagnosed in a 28-year-old female and managed at African Genesis Health Clinic Yaoudé.

Discussion and Conclusion: Prompt diagnosis and surgical intervention is needed to improve the prognosis related to bilateral ruptured ectopic pregnancies with massive hemo-peritonium. Counseling for assisted means of procreation is important.

Keywords: Bilateral tubal pregnancy; Ruptured ectopic pregnancy; Massif hemo-peritonium; CMC African genesis health

Introduction

Bilateral ruptured ectopic pregnancy is the rupture of two implanted product of conception outside of the uterine cavity [1]. The incidence of simultaneous bilateral tubal pregnancies ranges from 0.63 to 1.38 per thousand [2]. The risk factors for ectopic pregnancy includes early age of sexual intercourse, increased maternal age, multiple sexual partners, pelvic infections, history of infertility, use of fertility drugs, previous ectopic pregnancies and previous pelvic surgeries [3]. This report describes the case of bilateral ruptured ectopic pregnancy with massive hemo-peritonium diagnosed in a 28-year-old female and managed at African Genesis Health Clinic Yaoudé.

Case Report

A 28-year-old female who presented with 6 weeks amenorrhea, vaginal spotting and an initial left unilateral pelvic pain which subsequently become bilateral 3 days prior to consultation. The past history was relevant for chlamydia infection in 2015 for which the patient refuse treatment; multiple sexual partners; no history of infertility, use of fertility drugs, previous ectopic pregnancies and previous pelvic surgeries. Recurrent ectopic pregnancies occurs in 6% to 16% of women with previous history of ectopic pregnancy referred by source are credited.

On post-operatory day 1, the patient was transfused the 3rd pint of whole blood. On post-operative day 5 repeat full blood count revealed a hemoglobin level of 8.8 g/dl. The patient was discharged and followed up on weekly bases. There was no post-operative complication.

Discussion

Bilateral ruptured tubal ectopic pregnancies are a rare condition causing a high maternal mortality and morbidity. The incidence of simultaneous bilateral tubal pregnancies ranges from 0.63 to 1.38 per thousand [2]. The causes of bilateral ectopic pregnancies could be: simultaneous multiple ovulation, sequential impregnation or trans-peritoneal migration of trophoblastic cells from one extra-uterine pregnancy to the other tube. Recurrent ectopic pregnancies occur in 6% to 16% of women with previous history of ectopic pregnancy referred by working diagnosis: hemorrhagic shock with etiology right ruptured ectopic pregnancy with massive hemo-peritonium. The management consisted of: pre-operative work-up and pre-anesthetist evaluation, obstetritians reassessment and transfusion of 2 pints of pack cells pre and per-operatory. The surgical intervention in Figure 1 consisted of a laparotomy from a fannestiel incision, bilateral antegrade salpingectomy, peritoneal lavage and closure.

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with massive hemo-peritonium is an emergency requiring a holistic approach. Despite the uncontrolled nature of the haemorrhage on the right tube and the damage of the left tube we proceeded with a bilateral antegrade salpingectomy.

**Conclusion**

Though relatively rare, the authors describe their experience in the management of this very important cause bilateral ruptured ectopic pregnancy with massive hemo-peritonium. Prompt diagnosis and surgical intervention is needed to curb the morbidity and mortality of this disorder.

**References**