

Unruptured ectopic pregnancy with alive fetus

Mojgan Akbarzadeh-Jahromi¹; Neda Soleimani^{2*}; Sahand Mohammadzadeh²

¹Department of pathology, Shiraz Medical School, Shiraz University of Medical Sciences, Shiraz, Iran.

²Department of pathology, Shiraz Transplant Center, Abu Ali Sina Hospital, Shiraz University of Medical Sciences, Shiraz, Iran.

Received Date : Apr 12, 2022
Accepted Date : May 25, 2022
Published Date : Jun 09, 2022
Archived : www.jcmimagescasereports.org
Copyright : © Nazanin Maleki 2022

***Corresponding Author:** Neda Soleimani, Department of pathology, Shiraz University of Medical Sciences, Shiraz, Iran, Tel: 09173422519, 07132301784.
Email: soleimani_n@sums.ac.ir

Clinical message

Advanced tubal EP is uncommon and it can never lead to alive fetus. Diagnosis can be missed easily in the absence of classic symptoms of spotting, abdominal pain and amenorrhea. A woman aged 41, referred complaining of spotting. She had amenorrhea for 2 months. Her medical history was hypertension without any history of pelvic inflammatory disease.

Physical examination showed abdominal tenderness at left lower quadrant with normal vital signs. Vaginal examination revealed cervical motion tenderness and adnexal mass. Laboratory tests showed normal CBC (Complete Blood Count) and Urinalysis with high β HCG titer. Pelvic ultrasonography confirmed the presence of adnexal lesion, suggestive of tubal ectopic pregnancy with an alive fetus. Total salpingectomy was done. The pathology specimen was an intact dilated fallopian tube measuring 6.5x3.8cm. Longitudinal cut section shows an intact fetus of about 10 weeks gestational age inside a gestational sac (**Figure 1**).



Figure 1: Longitudinal cut section of fallopian tube showing an intact fetus inside gestational sac.

Ectopic pregnancy is a life threatening emergency which can lead to maternal death and pregnancy loss. Although some women have no identifiable risk factors, there is often pelvic inflammatory disease in the background with subsequent lining folds destruction and retention of the ovum. Other predisposing factors include previous Ectopic pregnancy, tubal damage due to infection or surgery, congenital tubal anomaly, increased age and smoking [1,2]. Advanced tubal ectopic pregnancy is uncommon and never lead to alive fetus [2]. Diagnosis can be missed easily in the absence of classic symptoms of spotting, abdominal pain and amenorrhea.

References

1. Rosai J, Ackerman LV. Rosai and Ackerman's surgical pathology. 10th edition. Edinburg: Mosby; 2011.
2. Akbarzadeh Jahromi M, Soleimani N, Mohammadzadeh S. Multiple Chorangioma Following Long-Term Secondary Infertility: A Rare Case Report and Review of Pathologic Differential Diagnosis. International Medical Case Reports Journal, 2019; 12: 383-387.
3. Mhaskar R, Harish M, Jaiprakash T. J Obstet Gynecol India. 2014 Feb; 64 (1): 73-74.

Citation: Neda Soleimani. Unruptured ectopic pregnancy with alive fetus. J Clin Med Img Case Rep. 2022; 2(3): 1167.