

Complete Tubal Abortion: A Rare Form of Ectopic Pregnancy

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Abstract

Tubal abortion is characterized by the extrusion of an ectopic product of conception implanted in the fallopian tube through the abdominal ostium into the peritoneal cavity. It can be either complete or incomplete and may lead to severe bleeding. Recognition of a complete tubal abortion may be challenging but is essential because it allows conservative management which make possible preservation of tubal function and fertility without the need for further cytostatic therapy. A case of a 30 years-old woman admitted for lower abdominal pain is reported. The level of β -hCG was 659.2 mU/mL and transvaginal ultrasound revealed a fluid collection in the pouch of Douglas. Laparoscopy was subsequently performed for the suspicion of ectopic pregnancy with hemoperitoneum. Corroborating the β -hCG dynamics with the laparoscopic findings, the diagnosis of complete tubal abortion was established. The histopathological examination confirmed the presence of intermediate trophoblastic cells in the tissue collected during laparoscopy. Ultrasound examination helps recognition of hemoperitoneum but adds little value to the diagnosis of tubal abortion. Laparoscopic findings alone are only suggestive for complete tubal abortion but in combination with β -hCG dynamics, the diagnosis can be established. Conservative management might be sufficient in complete tubal abortion and ensures preservation of tubal function and fertility.

Key words: tubal abortion, ectopic pregnancy, β -hCG, hemoperitoneum, fertility