

Fertility preservation by salpingotomy in tubal pregnancy: a case report.

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ABSTRACT: We describe a case of conservative surgical treatment by salpingotomy of an unruptured right tubal pregnancy in a patient with a history of left salpingotomy for a left tubal pregnancy three years ago. Subsequent fertility preservation became possible with conservative surgical treatment.

Keywords: tubal pregnancy; salpingotomy; salpingectomy; recurrence; fertility.

INTRODUCTION:

Ectopic pregnancy is defined as implantation of the egg outside the endometrial cavity, usually tubal. It is the main cause of death in the first trimester of pregnancy. Conservative surgical treatment, salpingotomy as in our case, is the only therapeutic means of preserving fertility in a woman with a history of salpingotomy when there is no indication for medical treatment.

CASE REPORT:

Patient aged 33, passive smoker for 6 years, operated on 3 years ago for an ectopic pregnancy, gravida 3, para 1, the first pregnancy was ectopic treated by left salpingotomy, the second delivered vaginally a year ago, the third is the current pregnancy estimated at 9 weeks' amenorrhea. Pelvic pain for 2 days, patient conscious, normotensive, no genital bleeding on speculum, sensitivity to vaginal touch, bHCG 29376 IU/l. Endometrium thickened on endovaginal ultrasound with empty uterus and right latero-uterine mass measuring 31 x 26 mm with no intra-abdominal effusion. By laparotomy, a right salpingotomy was performed, with expression of trophoblastic tissue, stitches for hemostasis of the right tube. The operative specimen was sent for anatomopathological study.



Figure 1: right tubal pregnancy on endovaginal ultrasound.



Figure 2: unruptured right ampullary pregnancy.



Figure 3 : right salpingotomy.



Figure 4: tubal expression of trophoblastic tissue.



Figure 5: Total evacuation of trophoblastic tissue.

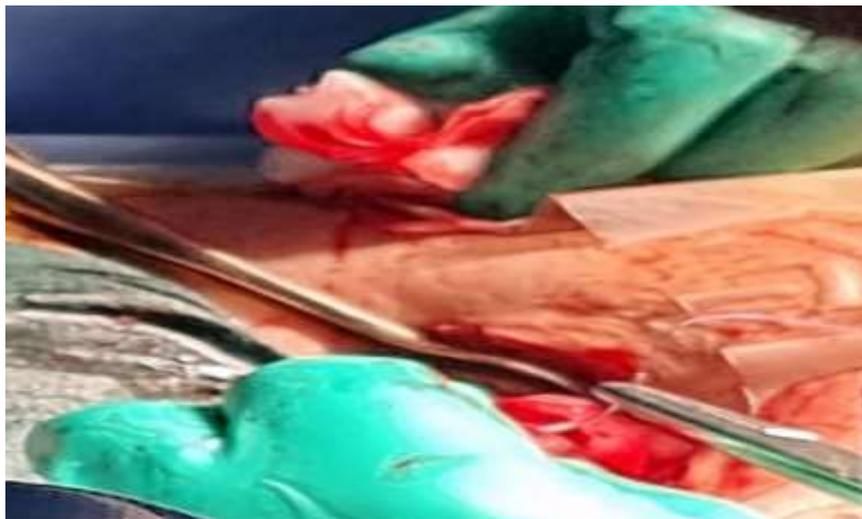


Figure 6: haemostasis with sutures over the salpingotomy.



Figure 7: evacuated product of conception.

DISCUSSION:

Ectopic pregnancy accounts for 2% of pregnancies, 95% of which are tubal. It can be fatal if left untreated.

Patients who have already undergone salpingotomy for an ectopic pregnancy may have a recurrence on the contralateral tube. Various risk factors appear to be associated with recurrence: previous surgery, spontaneous miscarriage [1], elective termination of pregnancy, salpingitis, smoking, or advanced maternal age [2].

Clinical symptoms of ectopic pregnancy include minimal blackish bleeding of endo-uterine origin in the first trimester, severe pelvic pain, tenderness to vaginal touch and even shock.

Diagnosis is based on beta-HCG measurement and pelvic ultrasound. Ultrasound visualization of an intrauterine gestational sac excludes the presence of an ectopic pregnancy, except in the case of heterotopic pregnancy [3].

Ectopic pregnancy can be treated medically with methotrexate, or surgically, either conservatively (salpingotomy) or radically (salpingectomy).

Salpingotomy has the theoretical advantage of preserving fertility [4,5]. Nevertheless, this method has two notable disadvantages: trophoblastic retention leading to repeat surgery or additional methotrexate administration, and a risk of recurrence of homolateral ectopic pregnancy. No study has demonstrated the superiority of radical or conservative treatment. However, conservative treatment appears to result in superior subsequent fertility.

Conservative treatment may also involve segmental resection and tubal expression [3,6].

The indication for salpingotomy is essentially based on four criteria: operability of the ectopic pregnancy, assessment of the risk of failure, desire for subsequent pregnancy and fertility prognosis, which must take into account the probability of obtaining an intrauterine pregnancy and the risk of recurrence of the ectopic pregnancy.

According to the literature, laparoscopic salpingotomy is less effective than laparotomy due to a higher rate of trophoblast persistence [7].

A history of ectopic pregnancy, salpingitis, single tube or tubal surgery, or the existence of adhesions, profoundly modifies the subsequent fertility prognosis. The risk of recurrence of ectopic pregnancy after conservative treatment with salpingotomy is 5% [8].

CONCLUSION:

Salpingotomy has gradually replaced salpingectomy as the surgical procedure of choice for unruptured tubal pregnancies in patients wishing to preserve their fertility.

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