ABSTRACT
An ectopic or extrauterine pregnancy is one in which the blastocyst implants anywhere other than the endometrial lining of uterine cavity. The incidence of ectopic pregnancy in remnant tubal stump is rare. We describe such an unusual case of tubal stump ectopic pregnancy.

Keywords: Ectopic pregnancy, Remnant tubal stump, Tubectomy.

INTRODUCTION
An ectopic or extrauterine pregnancy is one in which the blastocyst implants anywhere other than the endometrial lining of uterine cavity. The incidence of ectopic pregnancy has been steadily increasing and it remains the leading cause of early pregnancy related deaths.\(^1\) The most common site for this is the fallopian tubes. The incidence in the interstitial portion of the fallopian tube is 2.5%.\(^2\) Pregnancy in a remnant stump is rare and exact incidence is not known. We describe such an unusual case of tubal stump ectopic pregnancy (Fig. 1).

CASE REPORT
A 35 year old G 8 P4+3 L4 was admitted to Rohilkhand Medical College and Hospital in May 2014, with complaints of 2 months amenorrhea with severe pain in abdomen associated with 4 to 5 episodes of vomiting and giddiness since 1 day. She gave history of taking abortifacient on the previous day. She had a history of surgery done 12 years ago for right dermoid cyst.

On examination, general condition is poor, pallor—3+, blood pressure—88 × 50 mm Hg, pulse rate—120 × min.

On Per abdominal examination, guarding all over. Tenderness more on right iliac and lumbar region. Per speculum examination—showed mild bleeding through os. Pervaginal examination—size of uterus could not be assessed with cervical movement tenderness. Fornices were full with positive culdocentesis. Her hemoglobin was 4 gm%, blood group was O+, urine pregnancy test was positive, ultrasound showed left ovarian cyst with massive fluid in peritoneal cavity. An immediate diagnosis of hemoperitonium secondary to ruptured tubal ectopic was made and patient was taken up for laparotomy.

Peroperative findings were around 2 liters of hemoperitoneum. Right ovary and tube were absent. There was a bulbous swelling on the right cornua which was bleeding. Uterus was bulky and left ovary had a cyst which was 4 × 4 cm with a normal left fallopian tube.

Stump of right fallopian tube was excised including the interstitial part and sent for histopathological examination. Left-side tubectomy was done. Patient was transfused 3 units of blood. Patient withstood the procedure well.

Histopathological examination confirmed gestation sac with bits of fallopian tube.
DISCUSSION

Occurrence of pregnancy in remnant tubal stump is rare. Takeda et al reported an incidence of 1.16% in their department.² These women who have isthmic pregnancy have high mortality rate because of increased chances of rupture and blood loss.³

The mechanism by which ectopic pregnancy occurs in remnant tube after salpingectomy is not clear. An oocyte from the remnant ovary may be fertilized normally in the patent tube and later implanted in the stump via intrauterine migration.²

Given the uncertain nature of hypothesis, selecting a preventive method is difficult but one of the option is not to leave a long stump after salpingectomy and do a total salpingectomy as far as possible.⁴

CONCLUSION

Isthmic ectopic pregnancy over previous remnant stump of fallopian tube is a rare occurrence with only a few cases being described in the literature. Clinicians should be aware than when performing a salpingectomy, length of the remnant should be minimized and adequate cautery should be applied so as to decrease rest of future implantation.

REFERENCES