

Background:

Ectopic pregnancy is considered as one of the most important causes of morbidity and mortality in childbearing women. This is one of the most important gynecologic emergencies and can cause irreparable complications and even maternal death. Thus, early diagnosis and treatment of this complication is vital.

The main cause of this complication is not clear, but inflammation, obstruction, or dysplasia of fallopian tubes can lead to potential movement dysfunction from the fallopian tubes to the uterus cavity. Although the total mortality of ectopic pregnancy has been reduced in the course of time, it accounts for 6 percent of maternal mortality. Mortality rate of this complication is 13 times more than vaginal delivery and 5 times more than abortion induction; so that only one third of these women can make for a successful pregnancy and giving birth to healthy infants.

Patients & Methods :

A 31 years old woman who experienced head trauma following syncope and faint and immediately admitted to Hospital Emergency ward. She complained of nausea and severe abdominal pain and generalized abdominal tenderness was noticed in the physical examination. Blood pressure was 60/80 mmHg. She was in her last menstrual period without vaginal bleeding. Other primary vital signs are presented in Table 1. In the laboratory test, her β -hCG was positive. She did not have a history of abortion or any medical diseases. This was her third pregnancy and she didn't take any medications..

Laboratory tests were performed according to Table 1. CT scan was ordered due to head trauma and Focused assessment with sonography for trauma (FAST) was ordered due to shock and unstable hemodynamic and abdominal tenderness. The patient was hospitalized. FAST showed abundant free fluid in the abdominal cavity. Ruptured ectopic pregnancy was proved. Patient was sent to Operation Room for emergent laparotomy, appendectomy, left salpingectomy, and cystectomy. She stayed in the hospital for 2 days and then discharged. He was referred to surgery clinic for follow up.

Results & discussion :

Ectopic pregnancy occurs when fertilized ovum implants in a location other than uterus cavity and starts growing . Ectopic pregnancy naturally does not lead to natural child birth and the infant should be resected immediately when diagnosed; otherwise, it may cause shock and maternal death . The most common complaints of women with ectopic pregnancy in Emergency ward admission classically includes, severe abdominal pain, vaginal bleeding, tachycardia and low blood pressure.

By advancement of diagnostic methods and early diagnosis of this disease, mortality rate of this disease has been decreased. Ectopic pregnancy diagnosis has dramatically improved in the recent 20 years. Using a combination of β -hCG and transvaginal sonography tests (TSV) are considered of very powerful diagnostic tools.

When ectopic pregnancy diagnosis was confirmed, there are different methods for management of this disease based on each patient. According to guidelines, in ectopic pregnancies with diameter > 3.5 cm, β -hCG > 5000 (IU/L), or detection of infant's heart in sonography, the rate of failure of medical treatment is high and surgical management is preferred. Also, it is stated that in patients who are hemodynamically unstable or suspected to ruptured ectopic pregnancy, FAST sonography is the preferred diagnostic tool as in the current case. FAST sonography showed abundant free fluid in abdominal cavity. Since patient was hemodynamically unstable, ruptured ectopic pregnancy was proved for the patient and she was immediately sent to operation room. The patient underwent laparotomy, salpingectomy, and cystectomy.

Conclusion & perspectives :

This is a case report of ectopic pregnancy in the fallopian tubes. The patient experienced head trauma following syncope, a rare presentation of a common disease, and she complained of generalized abdominal pain. Firstly, the patient was suspected to peritonitis; thus, FAST sonography was performed for the patient. In the portable FAST sonography at patient's bed, Inferior Vena Cava was clubbed, aorta had normal diameter, and abundant free fluid was observed which suggested hemorrhage.

. Current study suggests that ectopic pregnancy should be considered as a differential diagnosis in young childbearing women referring with shock symptoms. Moreover, accurate assessments should be performed before therapeutic interventions.