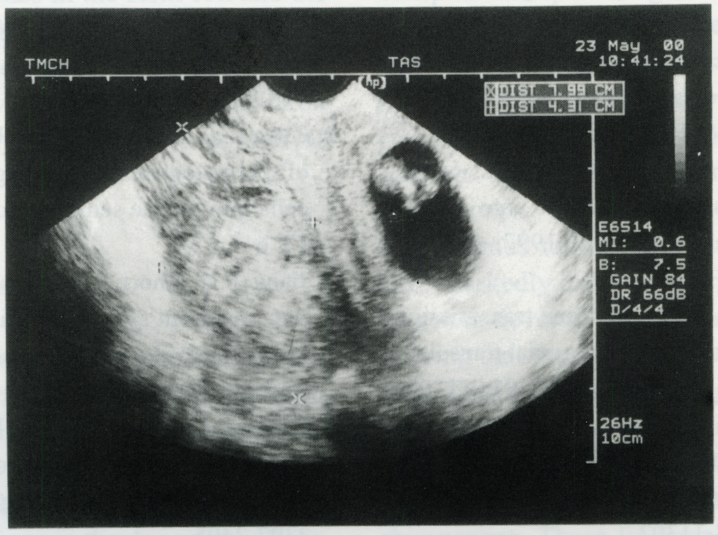
Impressive Image



Heterotopic Pregnancy

A 34-year-old woman underwent artificial insemination due to impotence of her husband. Pregnancy was confirmed 16 days later, and the higher concentrations of serum beta-hCG indicated the possibility of multiple pregnancies. However, only 1 gestational sac was detected in the uterine cavity by ultrasound at 5 weeks of gestation. She suffered from intermittent abdominal pain and vaginal spotting thereafter which was obstinate to tocolytic therapy. A left adnexal mass measuring about 8.0 × 4.3 cm combined with the live intrauterine fetus was found by sonographic examination at 9 weeks of gestation (see figure). Laparotomy done under general anesthesia revealed an unruptured left tubal pregnancy. She tolerated salpingectomy well and is now pregnant at 20 weeks of gestation with an uneventful course. Heterotopic pregnancy implies the coexistence of an intrauterine pregnancy and an ectopic pregnancy. The incidence was estimated to be 1/30,000 in the past. Controlled ovarian hyperstimulation and an increase of pelvic inflammatory disease have both contributed to the higher incidence of heterotopic pregnancy in recent years (1/340). Heterotopic pregnancy necessitates diagnostic and therapeutic concern. High-resolution ultrasound and early quantitative measurement of the serum beta-hCG level have facilitated diagnostic accuracy. Attempts can be made with non-invasive procedures such as KCl or hyperosmolar glucose injection to eliminate the coexisting ectopic pregnancy. However, surgical intervention is still the first choice of treatment with favorable results.

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