



# A hypertensive crisis in a latent ruptured chronic ectopic pregnancy



Brodnik L<sup>1</sup>, Iyer J<sup>1</sup>

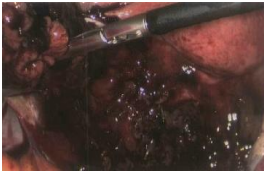
1 Obstetrics and Gynaecology, The Townsville Hospital, Townsville, Queensland, Australia

## Introduction

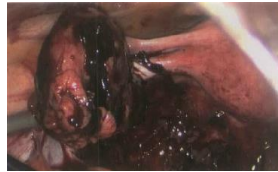
A chronic ectopic pregnancy refers to an extrauterine gestation which has an insidious, subacute course rather than the typical emergency presentation. The clinical findings, imaging and laboratory markers are often subtle or difficult to interpret.

## Case Report

A 37-year-old nulliparous woman presented to the Emergency Department with abdominal pain and vaginal bleeding and was incidentally found to have a blood pressure of 320/150 mmHg. Having had a positive urinary pregnancy test three months earlier, she reported two intervening normal periods prior to this presentation. Serum beta HCG was 1 mIU/mL at admission. Pelvic ultrasound and CT abdomen and pelvis showed moderate free fluid and a complex, non-vascular left adnexal lesion. Multi-disciplinary consultation was obtained pre-operatively due to unknown aetiology of the hypertension and potential perioperative risks. Blood pressure control was challenging and it remained persistently elevated despite multiple agents posing significant anaesthetic risks. An emergency laparoscopy was performed that revealed a 1.3L haemoperitoneum and a complex left tubo-ovarian mass suspicious for a chronic ectopic pregnancy. A left salpingo-oophorectomy was performed; histology confirmed products of conception. Extended post-operative admission to ICU and subsequently CCU was required for management of hypertension.



Intraoperative images of left adnexal tubo-ovarian mass



## Discussion

Chronic ectopic pregnancy poses a diagnostic challenge due to its non-classical presentation and limitations in diagnosis. It typically results in a small but recurrent bleed into the pelvic peritoneal cavity<sup>1</sup>. Surgical management can be onerous as chronic inflammation results in adhesions and distortion of anatomy. Ultrasound is traditionally the imaging modality of choice for diagnosis of ectopic pregnancy. In this case, CT was used in the first instance as the patient was not thought to be pregnant. Nacharaju et al describes using MRI in diagnosis of a difficult case where the patient was stable and ultrasound findings were inconclusive<sup>2</sup>.

Cases of spontaneous intra-abdominal bleeding in the context of uncontrolled hypertension are uncommon and not previously documented in an ectopic pregnancy. Cases of ruptured ectopic pregnancies with a negative serum beta HCG are also rare - a timely reminder to consider this differential even the absence of a positive pregnancy test.

## References

1. Brennan et al. Chronic ectopic pregnancy – two cases of acute rupture despite negative bHCG. *The Journal of Emergency Medicine*. 2000;19(13):249–254.
2. A rare case of chronic ectopic pregnancy presenting as large hematosalpinx. *Clinical Medical Insights: Reproductive Health*. 2014;8:1–4.