

Ruptured Ectopic Pregnancy in the Vaginal Cuff a Decade After Vaginal Hysterectomy

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Background

Approximately 600,000 hysterectomies are performed annually in the United States. Diagnosing an ectopic pregnancy following a hysterectomy is exceedingly uncommon and can be categorized as “early presentation” or “late presentation” based upon the timing of conception relative to the hysterectomy. Since 1895, there have been only 20 reported cases in English literature of late presentation ectopic pregnancy following vaginal hysterectomy. The only other case of ectopic pregnancy that has been reported to occur ten or more years after a vaginal hysterectomy was reported in 1955.

Case

A 35-year-old G4P3003 Hispanic female was evaluated for abdominal pain and nausea. 10 years prior, she underwent vaginal hysterectomy for uterine prolapse, performed in El Salvador. During speculum examination, abnormal tissue was noted to be protruding through the vaginal cuff. Her hemoglobin level was 11.3 g/dL, and her beta-HCG level was 17,520 mU/mL. Transvaginal ultrasonography revealed extensive hemoperitoneum, absent uterus, and a 6w2d ectopic pregnancy with embryonic cardiac activity. She underwent diagnostic laparoscopy with evacuation of hemoperitoneum. The actively bleeding ectopic pregnancy was densely adherent through the vaginal cuff and moderately adherent to the ruptured left fallopian tube. The procedure was converted to mini-laparotomy and left salpingo-oophorectomy was performed. The posterior and superior aspect of the vaginal cuff required full thickness resection to a depth of 2 cm to excise the ectopic pregnancy. Pathology confirmed intra-operative findings.

Discussion

Ectopic pregnancy should remain on the differential diagnosis for all symptomatic women of reproductive age regardless of hysterectomy status, since a delay in diagnosis may increase patient morbidity. Relative to other routes, vaginal hysterectomy portends an increased risk of fallopian tube prolapse and subsequent late presentation ectopic pregnancy. Variations in surgical techniques can either increase or mitigate risk of development of late presentation ectopic pregnancy.