

A RARE CLINICAL CASE OF TERMINATED ECTOPIC PREGNANCY IN THE FIMBRIAL SECTION OF THE FALLOPIAN TUBE AT 15-16 WEEKS

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Abstract. *This article is about a rare clinical case of termination of pregnancy at 15-16 weeks in the fimbrial part of the fallopian tube.*

Keywords: *ectopic pregnancy, implantation, uterine cavity, intra-abdominal bleeding, fimbrial section, fallopian tube, ovarian cyst.*

Relevance. An ectopic pregnancy is a pregnancy in which the implantation of the blastocyst occurs outside the uterine cavity, but beyond it. In recent years, the incidence of ectopic pregnancy has only increased. In developed countries, an average of 12-14 per 1000 pregnancies. In Bukhara in 2021, according to Rosstat, ectopic pregnancy in maternal mortality was 8.1%, and in 2022 it decreased by 2 times and was 4.1%. Ectopic pregnancy poses a significant danger to women of childbearing age, most often terminated in the early stages and causes intra-abdominal bleeding.

Objective. To present a rare clinical case of an interrupted ectopic pregnancy in the fimbrial section of the fallopian tube at 15-16 weeks.

Objectives: 1. To describe a rare clinical case of an interrupted ectopic pregnancy in the fimbrial section of the fallopian tube at 15-16 weeks. 2. To assess the correctness of the patient management tactics at the stage of gynecological hospitalization.

Materials and methods. Primary documentation was studied: medical history, results of ultrasound and clinical laboratory examinations, pathohistological examination data of intraoperative material.

Research results. Pregnant woman D., 39 years old, was delivered to the gynecological department of the city maternity complex with complaints of sharp pain in the lower abdomen for two days. She did not seek medical help. From the anamnesis: menarche since the age of 13, menstrual function without peculiarities. This is the second pregnancy, the previous pregnancy ended in surgical delivery - cesarean section. She denies chronic diseases. History of appendectomy. History of the disease: the patient was initially delivered by an ambulance team with the clinical picture of "acute abdomen" to the emergency department of the city maternity complex, where she was examined by an urgent surgeon and a gynecologist. Examination: complete blood count - hemoglobin - 103 g / l; leukocytes - $11.4 \times 10^9 / l$ (band leukocytes 8%), platelets - $160 \times 10^9 / l$. An ultrasound examination of the abdominal organs was performed, the conclusion: uterine pregnancy, left ovarian cyst (torsion? hemorrhage? abscess formation?), hydroperitoneum. A preliminary diagnosis was made: Pregnancy 22-24 weeks. Suspected torsion of the left ovarian cyst. Peritonitis. Referred to the Perinatal Center for specialized care. At the Perinatal Center, the patient was examined by the gynecologist on duty and diagnosed: Pregnancy 15-16 weeks. Rupture of the left ovarian cyst. For further treatment, she was referred to the gynecological department of the city maternity complex, where after examination, the council, taking into account the above diagnosis, decided to perform emergency surgery. Pregnant woman D. was urgently taken for surgical treatment, lower midline laparotomy was performed.

During the operation, during revision of the pelvic organs, the following was found: up to 900 ml of liquid blood with clots in the abdominal cavity. It was found: the uterus is enlarged to 5 weeks, the left fallopian tube is without visible pathology, measuring 1×8 cm, the left ovary is 3×4 cm and is visually unchanged, the fallopian tube in the fimbrial section on the right is represented by a volumetric formation with a living fetus up to 6 cm, which was intraoperatively assessed as an ectopic (tubal) pregnancy of 15-16 weeks. The right ovary is 3×4 cm without visible pathology.

A typical right tubectomy was performed with subsequent drainage of the abdominal cavity. The final diagnosis: Interrupted ectopic pregnancy in the fimbrial section of the fallopian tube at 15-16 weeks. Severe anemia. In the postoperative period, antibacterial therapy, adequate infusion therapy, blood transfusion with single-group red blood cell mass, adequate pain relief, and prevention of thrombotic complications were performed. Ultrasound control of the pelvic organs upon discharge - without pathology. The patient was discharged on the 6th day of the postoperative period under the supervision of a doctor at the antenatal clinic with recommendations. Healing of the sutures on the anterior abdominal wall by primary intention.

Conclusions. In the provided clinical case, the final diagnosis: "interrupted ectopic pregnancy in the fimbrial section of the fallopian tube at 15-16 weeks" was verified at the surgical stage. The ultrasound data, the estimated pregnancy period and the "blurred" clinical picture did not provide an opportunity to adequately predict the preoperative tactics. However, the decision taken on emergency surgical intervention made it possible to prevent possible severe consequences of massive intra-abdominal bleeding. Taking into account the above, in order to reduce the risks of possible complications of such a pathology as ectopic pregnancy for its timely diagnosis, it is necessary to carry out pre-gravid preparation of the woman in order to identify risk factors for the development of this pathology, early registration of the woman and have medical alertness (rare occurrence of this pathology at such a time).

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