

RECURRENT ECTOPIC PREGNANCY ON TUBAL REMNANT, AFTER IPSILATERAL SALPINGECTOMY, TREATED BY LAPAROSCOPIC RESECTION: LOOP AND STITCH.

Stefano Restaino, M.D.; Division of gynecological oncology, Department of Obstetrics and Gynaecology, Catholic University of Sacred Heart, L.go A. Gemelli; 00167 Roma (RM), Italy,
E-mail: restaino.stefano@gmail.com (corresponding author)

Annalisa Vidiri, M.D.; Catholic University of Sacred Heart, L.go Francesco Vito; 00167, Rome, Italy.
e-mail: annalisavidiri@gmail.com

Luigi Anchora Pedone, M.D.; Division of gynecological oncology, Department of Obstetrics and Gynaecology, Catholic University of Sacred Heart, L.go A. Gemelli; 00167 Roma (RM), Italy
e-mail: luigi.us@hotmail.it

Angelo Finelli, M.D.; Department of Medicine and Aging Sciences University of Chieti-Pescara, Via dei Vestini 131, 66100 Chieti (CH), Italy,
e-mail: angelo.finelli@icloud.com

Mariagrazia Distefano, M.D.; Division of gynecological oncology, Department of Obstetrics and Gynaecology, Catholic University of Sacred Heart, L.go A. Gemelli; 00167 Roma (RM), Italy.
e-mail: mariagrazia.distefano@policlinicogemelli.it

Giovanni Scambia, M.D., Prof; Fondazione Policlinico Universitario A. Gemelli IRCCS, Division of gynecological oncology, Department of Obstetrics and Gynaecology, Catholic University of Sacred Heart, L.go A. Gemelli; 00167 Roma (RM), Italy.
e-mail: giovanni.scambia@policlinicogemelli.it

Corresponding author:

Stefano Restaino

Division of Gynaecological Oncology, Department of Obstetrics and Gynaecology,
Catholic University of Sacred Heart, L.go A. Gemelli; 00167 Roma (RM), Italy Tel +39 0630154979,
Email restaino.stefano@gmail.com

BLOCK ABSTRACT

Ipsilateral ectopic pregnancy on tubal remnant after salpingectomy is rare and it is associated with mortality rates higher than other ectopic pregnancies, requiring a multidisciplinary management to plan the right treatment for the patient. We present a case of a 38-years-old patient, gravida 4, nulliparous woman, that was referred to our hospital at 4+5 weeks of gestation for pelvic pain and spotting. After a confirmed diagnosis of recurrent ectopic pregnancy on tubal remnant, she performed a laparoscopy with removal of the right tubal remnant with the pregnancy, using for the first time in literature the Endoloop ligature.

Objective: to show the laparoscopic treatment for an ectopic pregnancy on tubal remnant of previous ipsilateral salpingectomy with loop and stitch.

Design: step by step demonstration of loop and stitch technique.

Setting: ectopic pregnancies occurs in about 1-2 % of all pregnancies, with a high rate of maternal mortality due to massive bleeding caused by the rupture of the ectopic pregnancy [1]. Ipsilateral ectopic pregnancy on tubal remnant after salpingectomy is rare and it is associated with mortality rates higher than other ectopic pregnancies [2-3]; this is probably due to the poor ability of the remnant portion of the tube to distend as well as the increased vascularity of the area [4]. Therefore, this kind of ectopic pregnancies requires a multidisciplinary management that allows to plan the right treatment for the patient, taking into account the high risk of bleeding and the risk of rupture of the uterus. We present a case of recurrent ectopic pregnancy on tubal remnant after ipsilateral salpingectomy treated by laparoscopic resection using for the first time in literature the Endoloop ligature.

Interventions: a 38-year-old, gravida 4, nulliparous woman, with two spontaneous abortions and a previous right salpingectomy for a tubal pregnancy, was referred to our hospital at 4+5 weeks of gestation for pelvic pain and spotting. Her serum β -HCG was 2732; transvaginal

ultrasonography revealed the absence of an intrauterine pregnancy and the presence in the right remnant tube of a yolk sac and an embryo pole of 4 mm plus free fluid in the Pouch of Douglas. After a comparison between the gynaecological surgeon and the sonographer, we fully discussed the possible treatment options with the patient. Considering the level of β -HCG, the clinical symptomatology and the absence of an emergency, after obtaining informed consent, the patient performed a laparoscopy with removal of the right tubal remnant with the pregnancy, using loop ligature and stitch.

Conclusion: the aim of this video is to show how to manage an ectopic pregnancy on a previously removed salpinx in laparoscopic setting. Besides, it highlights how the use of laparoscopic endoloops should always be evaluated to reduce intraoperative bleeding. This approach is effective and safe to manage this kind of gynaecological pathology.

DISCLOSURE OF INTERESTS

No one of Authors has any conflict of interest, any pertinent financial relationships, or connection with products or companies mentioned in the article or otherwise bearing on the subject matter of the article being submitted.

CONTRIBUTION TO AUTHORSHIP

SR conceived the video article; AV and LAP drafted the manuscript; AF have participated in drafting the video; MD and SR revised the manuscript; GS have given final approval of the version to be published.

ETHICS APPROVAL

IRB/Ethics Committee ruled was obtained (DIPUSVSP-03-02-203) by the Department Woman and Child Health and Public Health, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome - Italy.

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