Conservative management of heterotopic pregnancy in comparison with surgical intervention

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ABSTRACT

Introduction: Heterotopic pregnancy is a rare condition with an incidence of 1 in 30,000 in spontaneous pregnancies. Increasing use of assisted reproductive technologies (ART), such as in vitro fertilisation (IVF), has substantially increased their incidence. The reported incidence of heterotopic pregnancy in IVF recipients is estimated to be 1 in 100. **Case Description:** A 28-year-old Gravida 3 Para 0+2 with two previous consecutive miscarriages, underwent fertility treatment. She conceived following the second month of clomid induction with gonadotropin injection support. She presented to hospital with abdominal pain associated with per vaginal bleeding 7 weeks 6 days of gestation. Transabdominal scan followed by transvaginal scan revealed a case of viable heterotopic pregnancy. She underwent a successful ultrasound-guided fetocide of the ectopic using Shiba biopsy needles, performed by an intervention radiologist with the O&G team. She was observed in the ward for 3 days and subsequently discharged well. She presented a week later to a private hospital overseas with abdominal pain following a massage. She subsequently had a laparotomy with salpingectomy done. **Discussion:** Ultrasound-guided fetocide can be considered for management of heterotopic pregnancy. However, close monitoring of the patient should be provided to prevent incidents as per our case. The management of HTP remains controversial. Surgical therapy has been the traditional mainstay but involves surgical and anaesthetic risks to both the mother and IUP. Literature review shows a relatively low success rate for non-surgical intervention for heterotopic pregnancy. In our case, it showed that a selective embryo reduction using a non-surgical approach in a haemodynamically stable patient can therefore be considered in the management of heterotopic ectopic pregnancy if diagnosed relatively early, but more vigilant care should be provided after the procedure. Heterotopic pregnancy incidence is increasing following ART. High suspicion of heterotopic pregnancy should be given to a case of viable intrauterine pregnancy presenting with abdominal pain. Thus, we recommend that all patients, especially those who are symptomatic, must be assessed comprehensively to exclude the presence of a simultaneous HTP. We also emphasise the need for prompt and immediate action when a HTP is suspected, to avoid missing this potentially life-threatening condition. Non-surgical management can be considered as a management of heterotopic pregnancy. However, treatment should be individualised.