

Bilateral simultaneous tubal ectopic pregnancy with suspected transperitoneal migration of trophoblastic tissue: A case report

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ABSTRACT

Introduction: Bilateral tubal ectopic pregnancy (BTP) is an exceedingly rare variant of ectopic gestation, particularly in the absence of assisted reproductive techniques. It poses significant diagnostic and therapeutic challenges due to its nonspecific clinical presentation and rarity. **Case Description:** We report a case of a 37-year-old gravida 4 para 2+1 woman with a history of secondary subfertility, who conceived spontaneously and presented with acute abdominal pain at 5 weeks and 4 days of gestation. Initial diagnostic laparoscopy revealed a right tubal ectopic pregnancy, and a right salpingectomy was performed; the contralateral tube appeared normal. One week later, she re-presented with recurrent abdominal pain and rising serum β -hCG levels. Imaging suggested a left adnexal mass. A second diagnostic laparoscopy revealed a ruptured left tubal ectopic pregnancy requiring conversion to laparotomy and left salpingectomy. Histopathological examination confirmed chorionic villi and trophoblastic tissue in both fallopian tubes. Trophoblastic implants were also identified on the uterine serosa, suggesting possible transperitoneal migration. **Discussion:** This case illustrates the diagnostic complexity of spontaneous, nonsimultaneous BTP. Theories include sequential ovulation, missed initial diagnosis, or transperitoneal migration of trophoblastic tissue. Despite the absence of conventional risk factors, bilateral ectopic pregnancy should remain a differential consideration in persistent or recurrent symptoms. Careful intraoperative inspection of both fallopian tubes and close postoperative β -hCG monitoring are essential to avoid delayed or missed diagnosis. This report underscores the importance of heightened clinical awareness and supports further research into the pathophysiology and management of BTP.