Case Report

Indian Journal of Emergency Medicine
Volume 7 Number 4, October– December 2021
DOI: http://dx.doi.org/10.21088/ijem.2395.311X.7421.4

An Unusual Emergency Department Case: Ruptured Ectopic Pregnancy Presenting as Diarrhoea

K Harish Kasyap[1], Mohammed Imran Soherwardi[2]

Author's Affiliation: [1]Senior Specialist, [2]HOD and Consultant, Emergency Medicine, Department of Emergency, Aster RV Hospital, J.P.Nagar, Bengaluru, Karnataka 560078, India.

Corresponding Author: Mohammed Imran Soherwardi, HOD and Consultant Emergency Medicine Aster RV Hospital, J.P.Nagar, Bengaluru, Karnataka 560078, India.

Email: imransaher2019@gmail.com

How to cite this article:
K Harish Kasyap, Mohammed Imran Soherwardi/An Unusual Emergency Department Case: Ruptured Ectopic Pregnancy Presenting as Diarrhoea/Indian J Emerg Med. 2021;7(4):161–163.

Abstract

Introduction: Gynecological emergencies often present as acute abdominal pain, however diarrhoea owing to gynecological pathology is rather unusual.

Objective: We would like to report a case of diarrhoea developed secondary to ruptured tubal ectopic.

Study Design: Case report.

Place and time of study: Emergency department Aster RV hospital Banagalore on 13th June 2021.

Methodology: The patient presented with diarrhoea as a major symptom and on carrying out relevant investigations, including CT abdomen and pelvis lead to our final diagnosis.

Conclusion: Our case report depicts that a typical presentations of ectopic pregnancies are important to recognize as they can gastrointestinal disease. Its recommended that women of reproductive age who present with diarrhoea, vomiting or collapse, be investigated for possible ectopic pregnancy.

Keywords: Diarrhoea; Ectopic pregnancy; Salpingectomy.

Introduction

Ruptured Ectopic pregnancy is one of the life threatening emergency in which the fertilized egg implants outside of uterine cavity. It occurs at a rate of 1-2% of all pregnancies and tends to occur in higher rate in patients undergoing fertility treatment.[1] Women with Ectopic pregnancies visit hospital with common complaints like lower abdominal pain, amenorrhoea, vaginal spotting. There are times, patients present with atypical symptoms like chest pain, diarrhoea. Hence we present one such case of diagnostic dilemma in a women presenting with diarrhoea and later diagnosed with ruptured ectopic pregnancy.

Case Report

A 38 year old female presented to Emergency Department on 13th June 2021, complaining of 4 episodes of loose stool since 1 day, yellowish, watery, non bloody. she is a known case of Type II DM on treatment, no other co morbidities. She denied pain abdomen, cough, cold, chest pain, breathlessness, urinary issues, sexual intercourse, LMP 10th May 2021. She admitted that she had 1 episode of sweating in the morning around 07:00 AM. On arrival to emergency department she was hypotensive and tachycardic, vitals – HR 135 beats/minute, BP: 80/60 mmhg, Spo2:98% Room Air, RR:16Cycles/minute, HGT:375 mg/dl. Physical Examination revealed well appearing female with sweating and anxiety. Her CNS, cardiac, pulmonary, abdomen-pelvic examination were unremarkable.IV fluid Normal saline 2L iv bolus, injection pantoprazole, ondansetron was given for patients comfort.

Venous blood gas was done which showed metabolic acidosis, complete blood count showed Hb 9mg/dl, total count 29.37 k/ul, urea creatinine , electrolytes with in normal limits.

Inspite of 2 litre of Normal saline Iv bolus patients BP dropped to 60 systolic, Spo_2 dropped to 80% on Room air, patient was conscious and oriented, immediately started on 6l of O_2 and saturation improved to 100%, started on Nor adrenaline iv infusion, but there was no significant improvement of Bp hence started on adrenaline infusion as well. Iv antibiotics ceftriaxone and Metronidazole given in view of septic shock. With dual inotropes, vital re assessment done, BP improved to 80 systolic, patient was conscious and oriented. Considering her complaints, lot of disproportion noted in between history and clinical condition of the patient. After counselling the patient relatives decision was made to perform CT abdomen and pelvis which showed large ill defined solid hyperdense area in the pelvis which involves the Uterus and ovaries, the mass displaces the bowel loops, DD being – Haematoma, Ruptured Ectopic pregnancy, Fibroid. with haemorrhagic picture in the CT abdomen and pelvis, immediately UPT was done which turned out positive.

Repeat Haemoglobin done showed drop in Hb from 9 to 3 mg/dl, immediately blood transfusion started, OBG consultation sought. Patient was shifted to Operating Room for diagnostic Laparoscopy which revealed hemoperitoneum (4L of blood) with left ruptured tubal ectopic pregnancy, Evacuation of clot and left salpingectomy was successfully performed, patient survived. Ct image showing pelvic haematoma. Transverse (image 1) and sagittal (image 2)view, image 3 at level of Morrison's pouch.

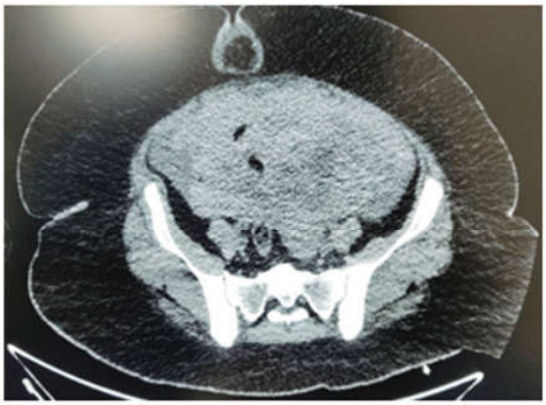

Fig. 1: Transverse

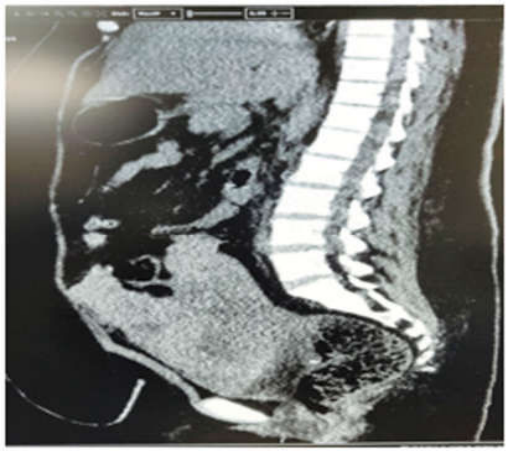

Fig. 2: Sagittal

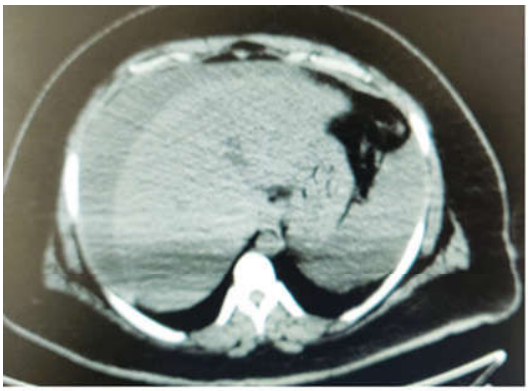

Fig. 3: Level of Morrison's pouch.

Discussion

Ectopic pregnancy remains an important cause of morbidity and mortality in early pregnancy. Globally the reasons for the rising trend are thought to include earlier diagnosis of cases that would otherwise have resolved on their own.

The major risk factors attributable to ectopic pregnancy are previous miscarriage, infertility treatment, previous ectopic pregnancy, tubal ligation and PID.

Patients usually present with abdominal pain, amenorrhea, vaginal bleeding, syncope, nausea and vomiting. Rare symptoms that the patient present with are vertigo, chest pain. Diarrhoea occurs due to rectal pressure and fluid in POD. Signs of ectopic pregnancy typically are cervical excitation, forniceal tenderness and anemia.[2]

The patient presented to ED had 4 episodes of loose stool with no classical complaints like pain abdomen, vaginal bleeding, Amenorrhoea (where the suspicion and diagnosis towards ectopic pregnancy would have become easy).

In this case there is no co relation between patient haemodynamic condition and symptoms. Being young female patient, reproductive age group we thought to find out pathology happening in the Abdomen by performing CT Abdomen and pelvis – found to have Hemoperitoneum.

A review of literature revealed one previous documented case of ectopic pregnancy (un ruptured) she is a known case of Bronchial asthma, IHD, Cigarette smoker 20 cigarettes/day since 18 years, presenting with chief complaint of diarrhoea.[3]

There have been unusual presentations of ectopic pregnancy reported in the literature. For Example, Hull presented two unusual presentations – an advanced tubal pregnancy that formed a fistula with abdominal wall and an early tubal pregnancy that formed a fistula with the ileum with rectal bleeding.[4]

Sanda et al presented a case of abdominal compartment syndrome due to a ruptured ectopic pregnancy.[5]

In our case the patient presented with 4 episodes of loose stool with no risk factors and classical symptoms leading towards diagnosis of ectopic pregnancy.

Ruptured ectopic pregnancy can present with H/o loose stool, as hemoperitoneum causes increase in Rectal pressure leading to diarrhoea.

Although rare one must consider the diagnosis of ruptured Ectopic pregnancy in a young women with complaints of diarrhoea with significant haemodynamic instability and with no confirmed IUP.

Current reviews of ectopic pregnancy emphasize such elements as pelvic pain, vaginal bleeding, haemorrhagic shock unexplained. In future such reviews may need to include possibility of diarrhoea as presentation.

Conclusion

Ruptured Ectopic pregnancy is a life threatening complication of implantation of embryo outside of uterus.

Atypical presentationof ectopic pregnancies are important to recognise as they can mimic diarrhoea, in women of reproductive age group to be investigated for possible ectopic pregnancy.

Hence it is important for Emergency physicians to have strong clinical suspicion and use combination of UPT, Abdomen/pelvic imaging, beta HCG, to diagnose Ectopic pregnancy in timely manner and prevent significant mortality and morbidity caused by ruptured Ectopic pregnancy.

Reference

1. Dichter E, Espinosa J, Baird J, Lucerna A. An unusual emergency department case: ruptured ectopic pregnancy presenting as chest pain. World journal of emergency medicine. 2017;8(1):71.
2. Shabab U, Hashmi HA. Different pattern of presentation of ectopic pregnancy and its management. J Surg Pak. 2013 Jan;18:1.
3. Ratnavelu N, Daly MJ. An unusual cause of diarrhoea in a young female. QJM: An International Journal of Medicine. 2011 Feb 1;104(2):161-2.
4. Hull WB. Unusual presentations of ectopic pregnancy. A report of two cases. J Reprod Med. 1983;28(5):353-7.
5. Sanda R B, Aziz R, Bhutto A, Seliem SI. Abdominal compartment syndrome complicating massive haemorrhage from an unusual presentation of ruptured ectopic pregnancy. Ann Afr Med. 2011;10(3):252-5.