



P47. HETEROTOPIC PREGNANCY WITH SPONTANEOUS CONCEPTION: CASE REPORT

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Context: Heterotopic pregnancy with spontaneous conception. **Objective:** Report a case with spontaneous current pregnancy, which was evidenced an intrauterine pregnancy characterized as retained abortion and ectopic pregnancy in the right adnexa. **Methods:** Case report. **Patient(s):** Mixed race, 30 year-old woman gravida 5, para 4, without prior major medical or gynecological history, attended at Mãe Esperança Municipal Birth Center (Brazil). She denied any medical problem, previous surgeries and use of tobacco or illicit drugs. Her family history was unremarkable for any pelvic disease. She was asymptomatic and physical examination revealed sensation of mass in right adnexa. Transvaginal pelvic ultrasound showed intrauterine embryo without heart activity corresponding to 8 weeks 1 day along with an extra-uterine right adnexal embryo with cardiac activity corresponding to 10 weeks 1 day of gestation. **Intervention(s):** Open surgery was performed, finding right tubal pregnancy, increased volume uterus, right salpingectomy and curettage was carried out with adequate post-surgical evolution. **Main Outcome Measure(s):** None. **Result(s):** The patient progressed steadily, underwent psychological support consultation, and was discharged 48 hours after the surgical approach. **Conclusions:** The ectopic pregnancy can be tubal, ovarian, cervical, cornual, or abdominal. About 1% of the pregnancies happen at ectopic locations, of which 95%-97% are located in the fallopian tube¹. In case of heterotopic pregnancy, salpingectomy should be considered when the contralateral fallopian tube is healthy. This is a pathology that, due to its low incidence, is underdiagnosed. Therefore, it is imperative to suspect it, since ectopic pregnancies continue to be the first cause of maternal death during the first trimester (80-90%)², and its early diagnosis and treatment directly influence a good prognosis for the patient. **References** 1. Lavanya R, Deepika K, Patil M. Successful pregnancy following medical management of heterotopic pregnancy. J Hum Reprod Sci 2009;2:35-40. 2. Cabero I Roura LI, SÁnchez DurÁn MA. Protocolos de Medicina Materno-fetal (PerinatologÁ-a). 3ªed. Madrid: Ergon; 2008. p 161-2.

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