

# **In vitro fertilization and embryo transfer results in an ectopic pregnancy due to a tubal stump fistula in a woman with previous total salpingectomy: a case report**

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**Background:** Ectopic pregnancy is the leading cause of maternal morbidity and mortality during the first trimester and the incidence increases dramatically with assisted-reproductive technology (ART), occurring in approximately 1.5–2.1 % of patients undergoing in-vitro fertilization (IVF). Abdominal ectopic pregnancy is a rare yet clinically significant form of ectopic pregnancy due to potentially high maternal morbidity. While risk factors for ectopic pregnancy after IVF have been studied, very little is known about risk factors specific for abdominal ectopic pregnancy.

**Case presentation:** A 39-year-old woman with a right salpingectomy for two previous ectopic pregnancies underwent IVF-ET. She presented on day 28 post-ET complaining of suprapubic pain. Urine  $\beta$  human chorionic gonadotrophin ( $\beta$ -HCG) was 6000 mIU/ml. A transvaginal scan carried out showed a gestation sac and fetus equivalent to 6 weeks gestation between the right cornea and right ovary in the pelvic cavity. Intrauterine pregnancy and interstitial EP were ruled out. Because of the diagnosis of ectopic pregnancy in an unusual location, a laparoscopy was performed and confirmed EP in this location. EP was removed and dye was injected through the cervix and uterus. There was a right tubal fistula. The left tube was patent. Right corneal resection was performed and sutured in 2 layers. Postoperative days were uneventful and the patient was discharged on day 2.

**Conclusion:** In our case, the right-sided tubal stump had formed a fistulous communication with the pelvic cavity and this probably resulted in the abdominal pregnancy.