

Images in clinical medicine



Unruptured ampullary ectopic pregnancy at 13 weeks of gestation with positive cardiac activity: an exceptional entity

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Unruptured ampullary ectopic pregnancy at 13 weeks of gestation with positive cardiac activity: an exceptional entity

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An ectopic pregnancy is a major gynecological emergency. Most ectopic pregnancies rupture early—typically between 6 and 10 weeks of gestation—especially when fetal cardiac activity is present. Discovering an unruptured ectopic pregnancy at an advanced gestational age of 13 weeks in a hemodynamically stable patient is an exceptionally rare clinical scenario. We report the case of a 20-year-old patient with no significant medical or surgical history who presented to the Gynecological Emergency Department with moderate, chronic pelvic pain and 13 weeks of amenorrhea. Upon admission, the patient was in excellent general condition and hemodynamically stable (blood pressure 120/70 mmHg, heart rate 80 bpm). Abdominal examination revealed mild tenderness in the left iliac fossa. Transabdominal

and transvaginal pelvic ultrasound revealed an empty uterus and a large adnexal mass corresponding to an extra-uterine gestational sac. This sac contained a live fetus with clearly visible cardiac activity and a crown-rump length consistent with 13 weeks of gestation. The absence of free fluid in the pouch of Douglas confirmed that the ectopic pregnancy had not ruptured. The patient underwent emergency surgery via laparotomy. Intraoperative exploration confirmed a large, intact left tubal ectopic pregnancy with no hemoperitoneum. A salpingectomy was successfully performed. The immediate and long-term postoperative course was uneventful, and the patient was discharged on the first postoperative day. This clinical case highlights the importance of never ruling out an ectopic pregnancy at an advanced gestational age, even in a young, asymptomatic, and hemodynamically stable patient.



Figure 1: intraoperative image of an ectopic pregnancy at 13 weeks of gestation