Case Presentation

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Chief Complaint

24 year old female pt. presents to Emergency Department First visit on 10/12 and subsequent visit on 10/21

Location: left sided pelvic pain and vaginal bleeding

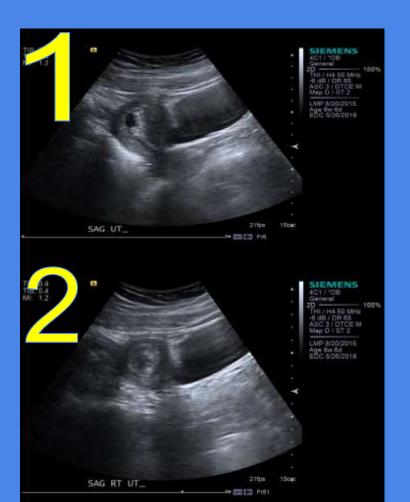
Duration: 10 days

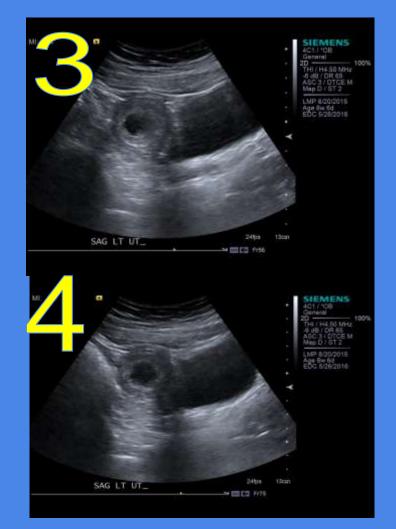
Severity: on an 1 - 10 scale, rating at a 9

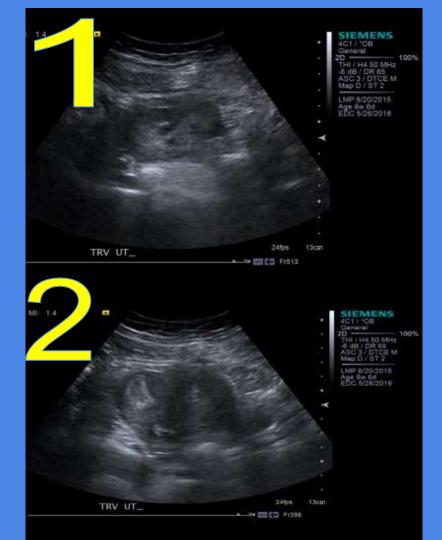
Patient History

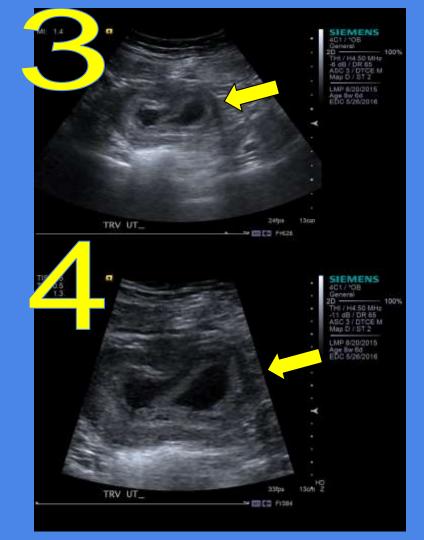
Current Symptoms: LLQ pelvic pain, bleeding for about 10 days, and positive pregnancy test

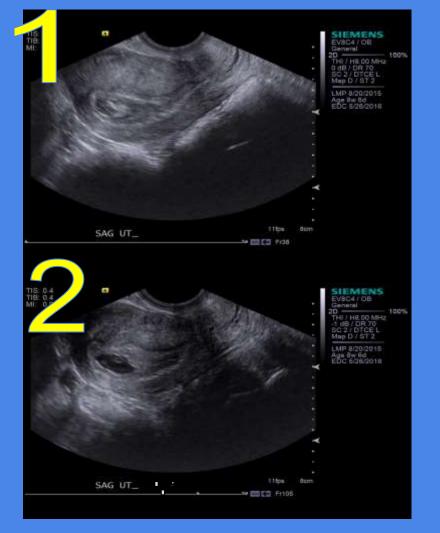
Past Medical History: G=2 P=1 A=0 M=0 . LMP August 08, 2015 no hx of fibroids, no hx of infertility, no hx of surgery to pelvis, no hx of cancer

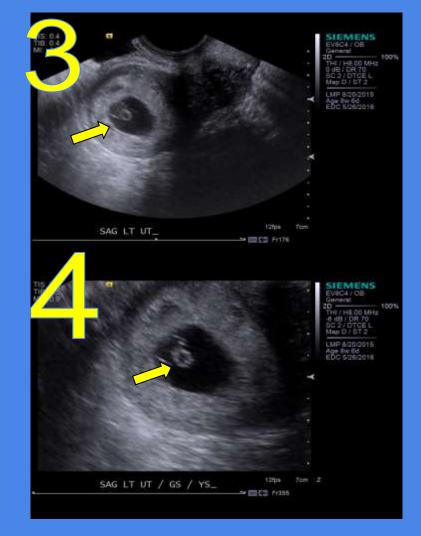


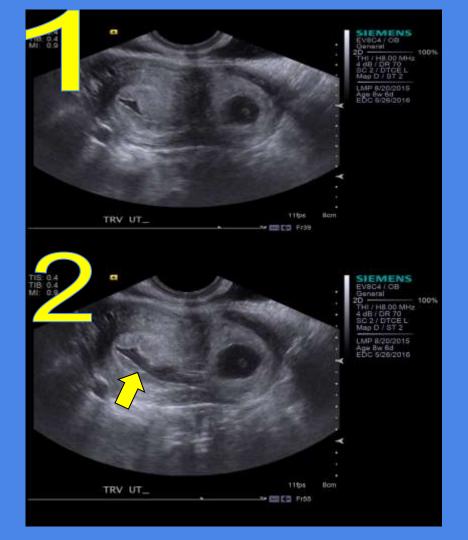


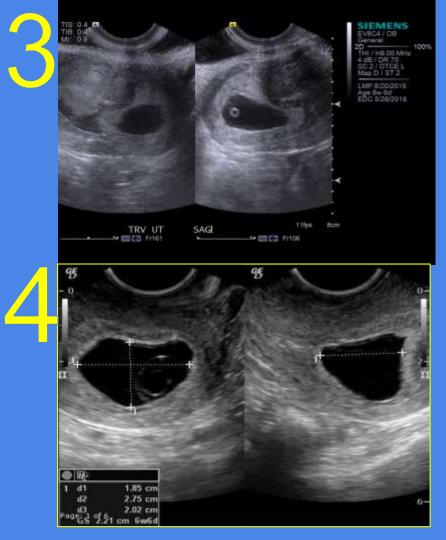












Radiologists Findings Comparison

FIRST EXAM: 10/12/15

Uterus measures 8.6 x 4.3 x 7.4 cm

eccentric GSD in left endometrial cavity measures 1.8 cm

fetal pole is identified

CRL is 0.3 cm

fetal heart rate not obtained

Gestational age of 6 weeks and 6 days

yolk sac present and normal

SECOND EXAM: 10/21/15

Uterus measures 8.8 x 4.6 x 7.3 cm

GSD in left horn measures 2.1 cm

gestational sac is irregular

no fetal pole identified

should have been 8 weeks 1 day

yolk sac has decreased in size and became echogenic

no suspicious cyst identified in left ovary

What Can This Be?

pseudogestational sac?

intrauterine early pregnancy?

anembryonic pregnancy?

Anembryonic pregnancy

a gestational sac which develops without an embryo

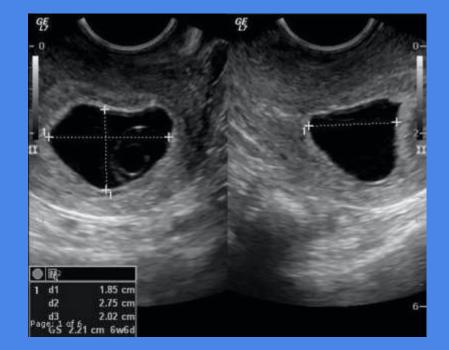
fertilized ovum creates blastocyst

cluster of cells from inner cell mass gives rise to embryo, outer layer gives rise to placenta and other supporting tissues.

fetal pole / embryo never develops

pregnancy test is positive and pt present with clinical signs of pregnancy

beta-HCG levels will start to fall



http://radiopaedia.org/articles/anembryonic-pregnancy

Confirmation of anembryonic pregnancy

diagnosed when no fetal pole is seen on endovaginal scan

normally MSD increases by 1mm daily

in this case between interval scans on 10/12 and 10/21 it should have increased 9mm.

MSD was only increased by 3 mm over a 9 day period growing from 18mm= 1.8 cm to 21 mm = 2.1 cm

http://radiopaedia.org/articles/anembryonic-pregnancy

Bicornuate Uterus

normal uterus is formed by fusion of two separate Mullerian Ducts

two uterine horns

one of the most common abnormalities

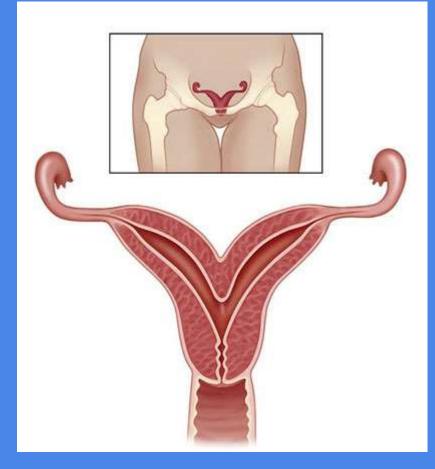
~1-5/1000 women, but underestimated due to undiagnosed

surgery is not needed for this abnormality

pregnancy occurs in one of the horns

pregnancy is usually normal

60% success birth rate



https://psnet.ahrq.gov/webmm/case/18

Uterine Congenital Abnormalities

greater difficulty with embryo implantation

higher rates of miscarriages

higher rates of preterm labor

bleeding during pregnancy

diminished fetal growth

fetal malpresentations (breech)

fertility rate usually secondary to existing condition

http://miscarriage.about.com/od/problemswiththeuterus/p/bicorpuate.htm

Differential Diagnosis

Pseudogestational Sac

positive beta-hCG

intrauterine sac-like fluid

irregular shaped with pointed edges

does not contain viable embryo or yolk sac

centrally located within endometrial cavity vs. eccentrically located burrowed gestational sac

homogeneous level echoes common

Intrauterine Early Pregnancy

normal gestation within uterine cavity spanning up to week 10 of 1st trimester

fetal pole may be seen on endovaginal

fetal heart rate should be detectable

GSD should be ~ 10 mm for 6wks

CRL should be ~ 5 mm for 6 wks

References

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