AMSER Case of the Month September 2022

21-year-old female with right lower quadrant pain

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A.



Inland Imag

Dr. Julie Kaczmark, MD – Inland Imaging



Patient Presentation

- HPI: 21-year-old G2P1 female at 7w4d presented to the ED for abdominal pain with nausea/vomiting. Pain poorly localized, but worse in the lower abdomen.
- ROS: No fever, vaginal bleeding, dysuria, diarrhea
- PMHx: Obesity (BMI 37)
- SHx: Cholecystectomy, cesarean section
- Vitals: BP 86/49, HR 102, RR 19, SpO2 100%, 98 F
- Exam: Tired, pale, anxious appearing. Diffuse abdominal tenderness with rebound and guarding. Low transverse cesarean scar.



Pertinent Labs

- CBC
 - WBC 17.5
 - HGB 10.5
 - HCT 32.0
 - MCV 90

- hCG quantitative
 - 14,453
 - Expected for gestational age ~15,000

- CMP • BUN 11
 - Cr 0.62



What Imaging Should We Order?



Select the applicable ACR Appropriateness Criteria

Variant 3:

Pregnant woman. Right lower quadrant pain, fever, leukocytosis. Suspected appendicitis. Initial imaging.

Procedure	Appropriateness Category	Relative Radiation Level
US abdomen	Usually Appropriate	0
MRI abdomen and pelvis without IV contrast	Usually Appropriate	0
US pelvis	May Be Appropriate	0
CT abdomen and pelvis with IV contrast	May Be Appropriate	₸₽₽₽
CT abdomen and pelvis without IV contrast	May Be Appropriate	₸₽₽₽
CT abdomen and pelvis without and with IV contrast	Usually Not Appropriate	ଡ଼ଡ଼ଡ଼ଡ଼
MRI abdomen and pelvis without and with IV contrast	Usually Not Appropriate	0
WBC scan abdomen and pelvis	Usually Not Appropriate	����
Radiography abdomen	Usually Not Appropriate	��
Fluoroscopy contrast enema	Usually Not Appropriate	\$\$\$

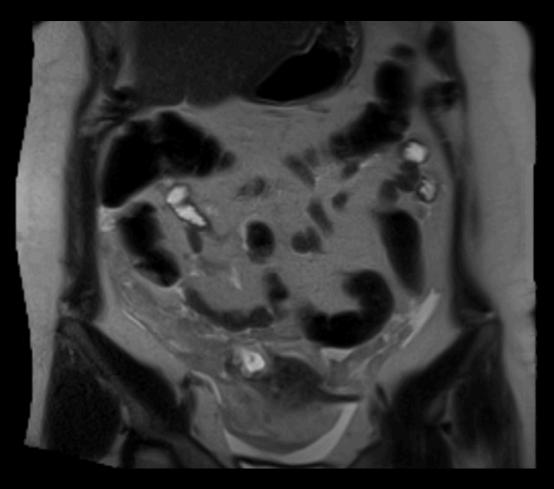
This imaging modality was ordered by the ER physician

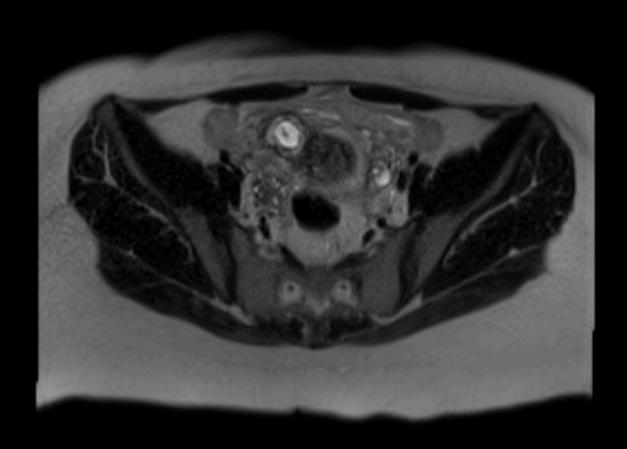


MRI findings: (unlabeled)

Coronal

Axial



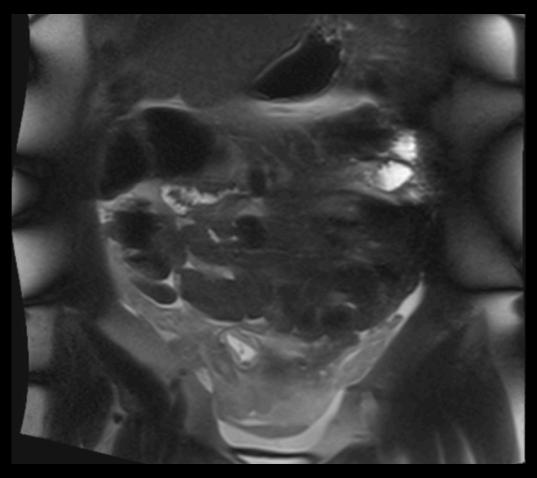




T2 weighted imaging

MRI findings: (unlabeled)

Coronal







T2 fat saturation

MRI findings: (labeled)

Coronal

Axial

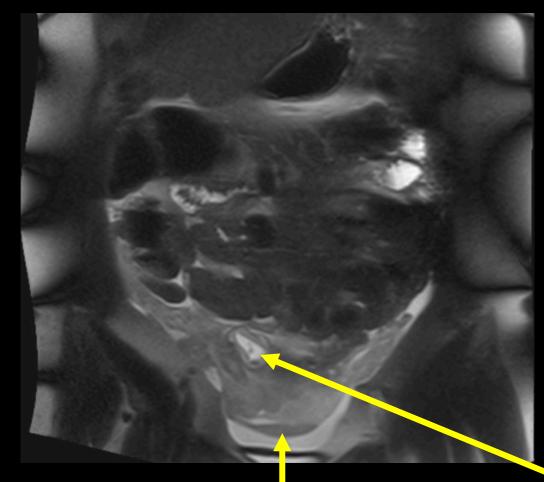


T2 weighted imaging

MRI findings: (labeled)

Coronal

Sagittal



Hemoperitoneum

T2 fat saturation

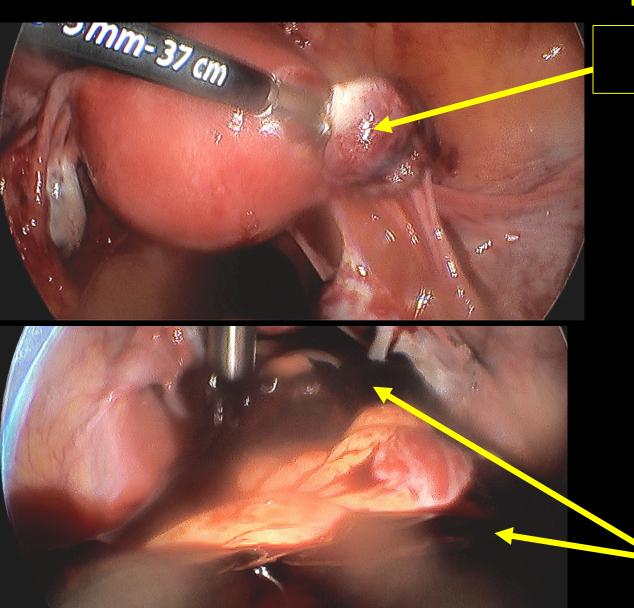
Gestational sac in the proximal fallopian tube (interstitial ectopic)

Final Diagnosis:

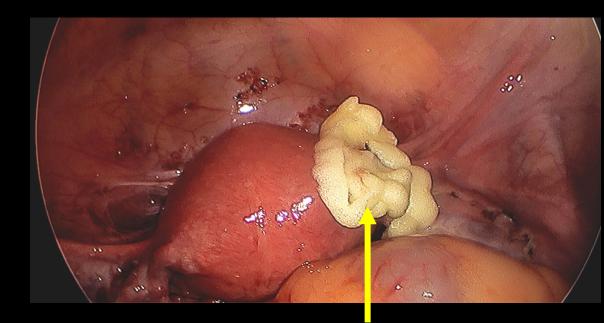
Ruptured interstitial ectopic pregnancy with hemoperitoneum



Case discussion: Laparoscopic findings



Interstitial ectopic pregnancy



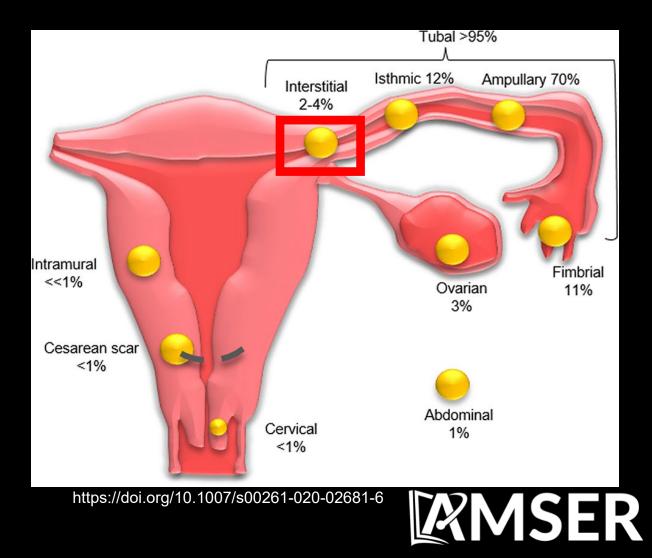
Status post removal and hemostatic matrix

Hemoperitoneum



Case Discussion: Interstitial ectopic pregnancy

- The interstitial portion of the fallopian tube is the most medial aspect of the tube, located where the tube connects to the endometrial cavity
- Interstitial ectopic pregnancies have a higher potential for poor outcomes compared to other locations
- The distensible myometrium can surround a portion of the expanding gestational sac, thus symptoms may not appear until weeks 9-12, at which point there may be rupture with severe hemorrhage
- Immediate surgery and hemostasis is necessary
- **Ultrasound** is typically the first imaging modality of choice in patients with suspected ectopic pregnancy
- MRI was likely chosen as the first imaging modality in this patient (rather than ultrasound) due to acute appendicitis as the primary diagnostic consideration in conjunction with patient body habitus



References:

- Ucisik-Keser, F.E., Matta, E.J., Fabrega, M.G. *et al.* The many faces of ectopic pregnancies: demystifying the common and less common entities. *Abdom Radiol* 46, 1104–1114 (2021). <u>https://doi.org/10.1007/s00261-020-02681-6</u>
- Ahlschlager, L.M., Mysona, D. & Beckham, A.J. The elusive diagnosis and emergent management of a late-presenting ruptured interstitial pregnancy: a case report. *BMC Pregnancy Childbirth* 21, 553 (2021). <u>https://doi.org/10.1186/s12884-021-04026-7</u>
- Filhastre, M., Dechaud, H., Lesnik, A. *et al.* Interstitial pregnancy: role of MRI. *Eur Radiol* 15, 93– 95 (2005). <u>https://doi.org/10.1007/s00330-004-2306-4</u>
- Gaillard, F., Pathania, D. Interstitial ectopic pregnancy. Reference article, Radiopaedia.org. (accessed on 14 Jun 2022) <u>https://doi.org/10.53347/rID-1510</u>
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