

P167. Interstitial Ectopic Pregnancy in High Risk Maternity in the Amazon Region: Case Report

A R RAMALHO (BR) [1], M R SIMÃES (BR) [2], F D DE MELLO (BR) [3], E R DE OLIVEIRA (BR) [4], M S CORREA (BR) [5], S S SILVEIRA (BR) [6]

INTRODUCTION: Ectopic pregnancy represents approximately 2% of all pregnancies and is considered an important cause of morbidity and mortality related to the first trimester of gestation. The interstitial type represents 2 to 4% of all forms of EG and refers to the implantation of the egg in the interstitial portion of the uterine tube, a tubal segment that crosses the muscular wall of the uterus. This segment is generally 0.7 mm in diameter and 1 to 2 cm in length and has a considerable capacity for dilatation before disruption of its distal segment. **OBJECTIVE** To report a case of a case of interstitial pregnancy, accompanied during hospitalization at Ary Pinheiro Base Hospital in Porto Velho-Rondônia. **METHODOLOGY** The present work uses the reference bibliographical search, in order to seek information and report this case on interstitial ectopic pregnancy. **CASE REPORT:** Patient J.P.A, nulliparous, 26 years old, from Ouro Preto do Oeste (OR), previously healthy, sought the Hospital with hypogastric pain with a 4-day course of colic type of severe intensity accompanied by emesis, without fever. She presented gestational age compatible with 23S1D according to the initial 10S ultrasound. Hypoculated + / 4 +, tachycardic, hydrated with blood pressure of 80x60mmHg. The abdomen was painful palpation with signs of peritonitis. The vaginal touch revealed enlarged uterus, thick, posterior neck, closed without loss. Abdominal ultrasonography revealed a heterogeneous amorphous solid mass, measuring 24x15mm in the right hypochondrium, with a moderate amount of free liquid in the cavity. Presence of a single, live, longitudinal fetus, pelvic presentation, right back, and estimated fetal weight of 564g. The patient underwent exploratory laparotomy through a medium incision. The abdominal cavity showed large amounts of blood, distended colon and gestational sac in the left horn with laceration of the upper pole, presenting active bleeding. Gestational sac excision and salpingectomy were performed on the left, cleaning and aspiration of the abdominal cavity. The anatomopathological report revealed the presence of edema compatible with gravid myometrium. **CONCLUSION:** The interstitial GE approach still remains controversial and depends on the gestational age at diagnosis of tubal rupture and whether there is a desire for a new pregnancy.

[1] MATERNIDADE MUNICIPAL MÃE ESPERANÇA, [2] MATERNIDADE MUNICIPAL MÃE ESPERANÇA, [3] MATERNIDADE MUNICIPAL MÃE ESPERANÇA, [4] HOSPITAL DE BASE ARY PINHEIRO, [5] HOSPITAL DE BASE ARY PINHEIRO, [6] MATERNIDADE MUNICIPAL MÃE ESPERANÇA