*IOSR Journal of Nursing and Health Science (IOSR-JNHS)*
*e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 15, Issue 4 Ser. 1 (July. – August. 2026), PP 79-80*
*www.iosrjournals.org*

# Twin Ectopic Pregnancy

Dr. Amisha S. Kerkar, Dr. Rupa Padwalkar
*JR1 OBG*

Date of Submission: 04-08-2026 Date of Acceptance: 14-08-2026

## I. Introduction

- Twin ectopic pregnancy is an exceptionally rare and potentially life-threatening variant of ectopic gestation in which **two embryos implant outside the uterine cavity**, most commonly within the fallopian tube. Ectopic pregnancy itself occurs in approximately 1–2% of all pregnancies, but twin ectopic gestations are exceedingly uncommon, with an estimated incidence of **1 in 20,000 to 1 in 125,000 pregnancies**.[1]
-Risk factors are similar to those for singleton ectopic pregnancy and include pelvic inflammatory disease, previous ectopic pregnancy, tubal surgery, infertility treatment, and use of ovulation-inducing agents.

## II. Epidemiology-

- The most commonly cited estimate: about 1 in 125,000 pregnancies
- In terms of proportion among all ectopic pregnancies: twin ectopic pregnancies may represent about **1 in 200 ectopic pregnancies**
- A very recent systematic review (2025) of "spontaneous unilateral twin live ectopic pregnancies" identified only 17 well-documented cases over decades (from 1945 to 2023).[5]

## III. Case Summary:

A 38 year old Elderly Primi with spontaneous conception presented at 7.3wks with
history of amenorrhea for 1and 1/2 month,
No h/o abdominal pain/bleeding per vaginum
No h/o fever/cough
USG(31/10/25)
S/O twin ectopic pregnancy in left
Two gestational sac noted in left adnexa each showing foetal pole -yolk sac complex within
Tw1 crl :13.3mm ~7.5wks
Tw2 crl: 14.1mm~7.5wks
Cardiac activity present in both twins
Both ovaries appear normal
No evidence of free fluid in the pelvis
No h/o twins in family

On examination:
GC fair, afebrile
No pallor/icterus/pedal edema
P:88bpm
BP: 124/80mmHg
RS:clear
CVS:S1 S2 + /no murmur
PA: soft, non tender
PV: uterus bulky
Bogginess + in left adnexa
CET :negative
Investigations:
Hb: 9.52gm/dl
TC: 12,300
DC: 76/16/4/2/0
Platelet count:3, 62lakh
Pt/Inr:10.4/0.9
B-hcg: 1,02,454 units

Rfte-: wnl
Lft:wnl

Patient taken for laparotomy and Proceed
As c/o Elderly Primi at 7.3weeks(d)/7.5weeks(u7.5tw1/tw2)with left tubal twin ectopic pregnancy
OT findings:
left ampullary ruptured twin ectopic pregnancy noted.
Left ovary normal
Right fallopian tube+ Right ovary normal
Uterus bulky
Left salpingectomy done
Estimated blood loss 50cc
Left ampullary twin ectopic pregnancy and left fallopian tube sent for histopathology

Postoperative diagnosis:
Elderly Primigravida at 7.3weeks(d) /7.5weeks(u7.5tw1/tw2) left ruptured ampullary twin ectopic pregnancy.

## IV. Discussion

Twin ectopic pregnancy is an exceptionally rare and potentially life-threatening variant of ectopic gestation in which two embryos implant outside the uterine cavity, most commonly within the fallopian tube. Ectopic pregnancy itself occurs in approximately 1–2% of all pregnancies, but twin ectopic gestations are exceedingly uncommon, with an estimated incidence of 1 in 20,000 to 1 in 125,000 pregnancies.[1]

Even though half of the ectopic pregnancies has no predisposing or risk factors, most risk factors associated with singleton or twin ectopic pregnancy are previous history of ectopic pregnancy, sexually transmitted infection, pelvic inflammatory disease, previous tubal surgery, in-vitro fertilization, ovulation inducing drugs like clomiphene citrate, smoking, advanced maternal age, failed contraception use or previous cesarean section.[1][3] In this case, increased maternal age and family history of twin pregnancy are the risk factors in the patient.

Management of the twin ectopic pregnancy is similar to the singleton ectopic pregnancy and depends on the site of implantation. These can be medical or surgical treatments. The medical treatments include intra-gestational feticidal, use of the methotrexate.[2] In some case reports there was a shift from medical to surgical after it failed. Surgical management used for the treatment of twin ectopic are laparoscopic or laparotomy resection. Salpingectomy, salpingotomy can be performed.[1][4]In this case, laparotomy was done since there is no laparoscopy in emergency set up and medical was not preferred since there was cardiac activity.

## V. Conclusions

Spontaneous unilateral live twin unruptured ectopic pregnancy is an exceptionally rare.

But life-threatening condition that warrants prompt recognition and intervention. Clinicians must maintain a high index of suspicion in early pregnancy, especially in patients with disproportionately elevated β-hCG levels, high-resolution transvaginal doppler ultrasonography is the most effective diagnostic tool, capable of detecting dual gestational sacs with cardiac activity within a single fallopian tube. Medical management with methotrexate is relatively contraindicated in live ectopic pregnancies and even more so in twin live ectopic pregnancies, due to the increased risk of rupture and haemorrhage.[5]

## References

[1]. Unilateral Twin Ectopic Pregnancy: A Case Report From The Eastern Part Of Ethiopia, Harar Department Of Obstetrics And Gynecology, Haramaya University, Harar, Ethiopia Https://Pmc.Ncbi.Nlm.Nih.Gov/Articles/PMC9507443/
[2]. Twin Tubal And Interstitial Ectopic Pregnancy Managed By Mutlidose Methotrexate Therapy Jessica Shu Nan Li, Romina Levy, Jeffrey Man Hay Wong Https://Www.Ijcriog.Com/Archive/2025/Pdf/100199Z08JL2025.Pdf.
[3]. Pek JH, Simpson WLJ, Owen J, Nelson B. Live Twin Ectopic Pregnancy. J Emerg Med. 2020;59(2):E77–E79. Https://Www.Sciencedirect.Com/Science/Article/Pii/S0736467920303656
[4]. Sonographically Positive Fetal Heartbeat In Unilateral Tubal Twin Pregnancy As A Rare Case With Literature Review. Öztürk E, Aktürk H. Cureus. 2023;15:0. Doi: 10.7759/Cureus.39697. Https://Pubmed.Ncbi.Nlm.Nih.Gov/37398746/
[5]. Spontaneous Unilateral Twin Live Ectopic Pregnancy: A Systematic Review Of Reported Cases, Diagnostic Challenges, And Management Approaches.
[6]. Https://Doi.Org/10.1046/J.1469-0705.1993.03050357.X
[7]. Digital Object Identifier (DOI)