

## Reimplantation of trophoblastic tissue on the perimetrium after laparoscopic treatment for tubal stump pregnancy: a case report

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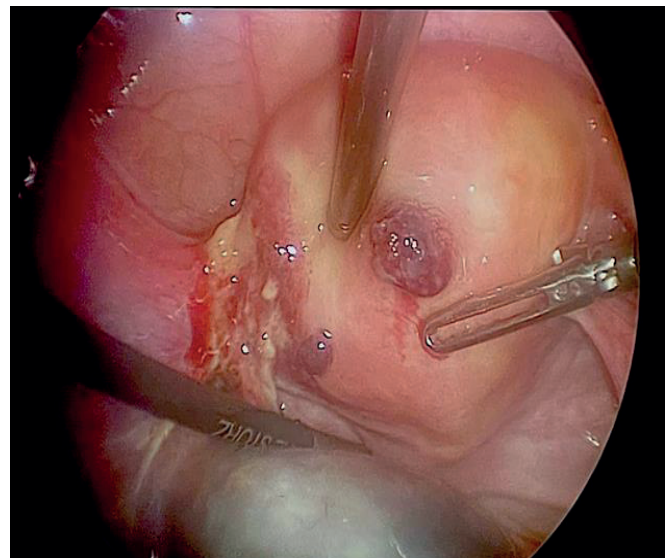
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**Objective.** Laparoscopic salpingectomy represents the best treatment for ectopic pregnancy as regards the risk of recurrences. Rarely, small residues of trophoblastic tissue in the peritoneal cavity may proliferate again, resulting in persistently elevated serum  $\beta$ -hcg value or recurrence of clinical symptoms. Extravillous Trophoblast (EVT) has a known proliferative, migratory and invasive capacity and the limiting mechanisms of this invasion may depend on the location of the ectopic implants. The most common sites of reimplanted trophoblastic tissue are peritoneum and omentum, while the bowel, uterosacral ligament and uterine body are rarer.

**Materials and Methods.** Our patient was a 36-year-old woman who underwent a laparoscopic surgery for tubal stump pregnancy. Five weeks after surgery, the patient came back to our emergency room with severe abdominal pain, asthenia and lipothymia.

**Results.** Ultrasound evaluation showed hemoperitoneum and CT scan reported active focal bleeding on the uterine fundus. Laparoscopy then confirmed the presence of trophoblastic tissue implanted on the uterine serosa.

**Conclusions.** This case describes how trophoblastic tissue left in the abdominal cavity can implant actively on a new locus. In order to avoid recurrences it is necessary to take preventive measures during surgery. Furthermore an early detection of remaining active trophoblastic tissue can be



performed by dosing  $\beta$ -hcg value post-operatively, which should be continued until it is absent. This evaluation is always performed after conservative treatment, but it could be useful also after salpingectomy, in order to start early medical or surgical treatment.