

## Silent Threat: The Catastrophic Collapse of a "Routine" Early Pregnancy Case

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### INTRODUCTION

Ectopic pregnancy is a significant cause of maternal morbidity and mortality in early pregnancy. Despite advances in diagnostic modalities, cases with atypical presentations or inconclusive scans remain challenging. This case highlights the risk of delayed diagnosis in a patient with inconclusive imaging and hyperemesis gravidarum.

### OBJECTIVE

To present a case of ruptured ectopic pregnancy in a primigravida, emphasising the importance of early and accurate diagnosis to prevent adverse outcomes.

### CASE REPORT

A 28-year-old primigravida presented at 7 weeks' gestation with severe hyperemesis gravidarum. She denied abdominal pain or vaginal bleeding. A portable ultrasound scan was inconclusive, raising the question of an early intrauterine pregnancy (IUP). A departmental scan was scheduled for three days later. Following stabilisation of her symptoms, she was discharged home.

Before the scheduled scan, the patient collapsed at home and was rushed to the hospital. Examination revealed signs of hypovolemic shock. Emergency imaging and clinical assessment confirmed a ruptured ectopic pregnancy with massive haemoperitoneum (3,000 mL). She underwent an emergency laparotomy, which revealed a ruptured tubal ectopic pregnancy. A right-sided salpingectomy was performed. The patient was transfused appropriately and admitted to intensive care for stabilisation. This near-fatal event underscored critical system delays in managing inconclusive early pregnancy cases.

### DISCUSSION

This case underscores the diagnostic difficulty of ectopic pregnancy, especially when presenting without typical symptoms of pain or bleeding. Hyperemesis gravidarum can obscure the diagnosis, and reliance on an inconclusive portable ultrasound can delay definitive care. The rapid progression to rupture and haemorrhage in this case highlights the need for heightened clinical vigilance and expedited imaging in patients with high-risk

presentations.

The incident was reported as a Datix to highlight system gaps, including delays in diagnostic imaging, and to prompt review of protocols for managing inconclusive early pregnancy scans.

## **CONCLUSION**

This case emphasises the importance of prompt imaging and close monitoring of patients with inconclusive early pregnancy scans, even in the absence of pain or bleeding. Improved pathways for urgent imaging in high-risk cases are critical to prevent life-threatening complications.