

CASE REPORT

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Unilateral tubal twin pregnancy

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SUMMARY

A case of unilateral tubal twin pregnancy is reported. This is a rare condition, and this report presents the eighty-eighth case reported in the English literature.

INTRODUCTION

Unilateral tubal twin pregnancy was first reported by de Ott in 1891. The subject has been reviewed by various authors (Lash and Kaufan

1942; and Loh 1962) and to-date only eighty-seven cases have been reported in the literature (Storch and Petric, 1976).

Unilateral tubal twin pregnancy is less common than combined intrauterine and extrauterine tubal pregnancy and bilateral tubal twin pregnancy is next rare. Only four cases of triplet pregnancy and one case of quintuplet tubal gestation have been reported so far. Preoperative diagnosis of unilateral multiple pregnancy is extremely difficult. The etiology appears

to be the same as involved in single tubal gestation. A family history of twin pregnancy is not always found.

CASE REPORT

Mrs B.K. a 35 year old Zambian, gravida 8, para 7 was admitted with the history of seven weeks amenorrhoea followed by severe lower abdominal pain, vaginal bleeding for one day, fainting attacks and shoulder pain. She looked pale. Her B.P. was 110/80 mmHg and pulse rate 120/min regular but feeble. Abdominal examination revealed, marked tenderness and guarding but no mass was palpable. Vaginal examination elicited marked cervical excitation pain and tenderness in the fornices, due to which the size of uterus could not be ascertained. A tender bulge was felt in the pouch of Douglas, and dark coloured vaginal bleeding was observed. A tentative diagnosis of ruptured ectopic pregnancy was made and an exploratory laparotomy performed. The peritoneal cavity was full of dark blood. The right Fallopian tube was found swollen and ruptured near the ampulla. Right salpingectomy was done. The adenexa on the left side were normal. The post-

operative period was uneventful and she was discharged on the eighth post-operative day.

Section of the affected portion of the Fallopian tube revealed, two similar sized embryos in a ruptured amniotic sac. The same gestational size of embryos suggest monozygotic origin of tubal twin pregnancy in this case.

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LETTER TO THE EDITOR

Dear Sir,

Your editorial on medical education is most appreciated and clearly justifies the need for change in the present curriculum. In my view Zambia as a developing country needs "general practitioners" who can deal with common problems and emergencies and who are public health minded – rather than research oriented doctors. I shall restrict my remarks to pathology which is presently taught to pre-clinical students. Pathology is an integral part of clinical practice and not a purely laboratory service. A student should have already been taught the basis of clinical methods before being taught pathology. In many countries the teaching of pathology is integrated with clinical subjects. How can a pre-clinical fourth year student begin to understand clinical haematology when he has never been confronted with a patient; when he has never seen the pallor of anaemia, the petechiae of bleeding disorders or the frontal bossing of sickle cell disease.

Our present teaching of pathology lacks clinical emphasis. Lectures in systemic pathology are exhaustive but little time is given to the practical performance of blood, stool, urine and other common investigations. The student is however taught virology and fungus diseases in detail. A student can

learn more in the side laboratory in the ward than in the practical classroom.

I feel the present practice of teaching pathology in all its aspects before a student enters the wards needs immediate attention.

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