Ectopic pregnancy is still a first trimester leading cause of morbidity and mortality, particularly in low income countries lacking accurate diagnostic resources. The site of ectopic implantation may play a role in its clinical course. The isthmic location accounts for 12% of the cases and compared with the ampulla, allows a better muscular support and blood supply. Consequently, the pregnancy is more likely to progress and rupture with more abrupt hemodynamic compromise. The mean gestational age at tubal rupture has been pointed at 7.8 ± 1.09 weeks but there are a few cases of advancing pregnancy until 2nd or even 3rd trimester. In our case, a 34-year-old black woman, admitted to the Gynecology emergency room with pelvic pain and fever as a consequence of a tubo-ovarian abscess in the context of a 16 weeks demised tubal pregnancy. Pelvic ultrasound enlightened the diagnosis and the woman was submitted to surgery with a favorable recovering.

**Keywords:** Advanced ectopic pregnancy; Prolonged retention.

Blood testing revealed a microcytic anemia (hemoglobin level - 7.2 g/dL), leukocytosis (13.9 x 10/L) and were negative for malaria. Neither chorionic gonadotropin nor other ovarian tumor markers were available. She started treatment with ceftriaxone and metronidazole, underwent blood transfusion and a laparotomy was performed. Her pelvic cavity presented...
operative recovery was uneventful, and the patient was discharged home three days after.

The histological analysis allowed to classify the original pregnancy as isthmic and the procedure as an adnexectomy (ovarian tissue present) but gave no clues...
about how long that pregnancy was retained. The tubal location may have played a role in subsequent infection and suppuration process.

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