CASE REPORT

Unruptured tubal ectopic pregnancy after bilateral tubal ligation

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Abstract:
Tubal sterilization is a permanent method of contraception. The pregnancy after sterilization is rare but when occurs likelihood of ectopic pregnancy is increased. In this paper we report a rare case of unruptured tubal ectopic pregnancy in women who had bilateral tubal ligation three years prior, to the pregnancy under discussion.

Keywords: Tubal ligation, Ectopic pregnancy, Abdominal pain

Introduction:
Tubal sterilization is a common method of contraception. It is now the most commonly used method of fertility regulation worldwide.\(^1\)\(^2\) Evidence suggests that sterilization fails in 0.13-1.3% of sterilization procedures and of these, 15-33% will be ectopic pregnancies.\(^3\) Ectopic pregnancy is a significant cause of morbidity and mortality in females with child bearing potential. This complication in early pregnancy results when the fertilized ovum implants anywhere other than the endometrial lining of the uterus.\(^4\)

Case report:
A 34 years old female, gravida 5, Para 3+1 presented at clinic with 9 weeks amenorrhea and lower abdominal pain for the past four days. There was no history of bleeding per vaginum, vomiting and dizziness.

She had two normal vaginal deliveries in 2000 and 2003 respectively. Her last delivery was by cesarean section in 2011 with bilateral tubal ligation. There was no significant medical history. At presentation her pulse was 85b/min, blood pressure 117/70 mmHg. On abdominal examination mild tenderness was present in lower abdomen and vaginal examination revealed soft cervix, mildly tender left fornix and cervical excitation was positive. Her ultrasound showed empty uterine cavity. Left adnexal alive ectopic pregnancy near ovary of CRL 1.0 cm corresponding to 7 weeks. No free fluid in cul de sac. (figure1)

The patient was admitted with diagnosis of unruptured ectopic pregnancy and counseled for exploratory laparotomy. Her Hemoglobin was 11.6g/dl and SBHCG was 60074.6. She had exploratory laparotomy and intra operative findings were left tubal ectopic mass about 3 x 3 cm. (figure2) Both ovaries normal looking. Excision of left tubal ectopic mass along with right tubal total salpingectomy done. Post-operative recovery was satisfactory and discharge on 3rd post-operative day. Her post-operative Haemoglobin was 10.8 g/dl. Histopathology report confirmed tubal ectopic pregnancy with a fetus in sac with prominent eyes developed limb buds and fingers. CRL 1.6 cm.

Discussion:
Bilateral tubal ligation is one of the methods of contraception. The sterilization failure risk persist for years after the procedure and varies with operator technique, method of tubal occlusion and female age.\(^5\) It is widely believed that if any pregnancies after tubal sterilization will generally occur during the first year or two after the procedure.\(^6\) This is also seen in our case. The incidence of ectopic pregnancy is higher after
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We conclude that any women of reproductive age group coming with amenorrhea and lower abdominal pain should have workup for ectopic pregnancy even if she had bilateral tubal ligation. Females going for tubal ligation should be counseled about chances of failure of procedure and report early in case of signs and symptoms suggested of pregnancy.

References: