ECTOPIC PREGNANCY AFTER LOOP INSERTION

(A Case Report)

by

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Introduction

Pregnancy is one of the complications of intrauterine device. The resulting pregnancy may be intra or extrauterine. Ectopic pregnancy with intrauterine device in situ is one of the dangerous complications if not diagnosed and treated in time. One such case recorded in our hospital is reported in this paper.

CASE REPORT

Mrs. S. S. aged 35 years was admitted to L. T. M. G. Hospital on 30th March, 1973 at 9.30 p.m. She was admitted in the medical ward with the complaints of loose motions, pain in abdomen and bleeding per vaginam for one day. She had amenorrhoea for one month and five days. There was no history of vomiting or rise of temperature.

Obstetric History

She had four full term normal deliveries. Her last delivery was four years ago. She gave history of one abortion. She had loop insertion about two years ago.

Menstrual History

Her cycles were regular and normal.

Past History

She had taken full course of antitubercular treatment for bilateral pleural effusion about two years ago.

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On Admission

On general examination, the patient was of average build and poorly nourished. She was looking pale. The pulse was 100 per minute, blood pressure was 80/60 mm. of Hg. The tongue was dry. She was cold and clammy. Cardiovascular and respiratory systems revealed no abnormality.

Abdominal examination only showed tenderness in the left iliac fossa. No lump was palpable and shifting dullness was absent.

Laboratory Investigations

Haemoglobin, 6 gms%. Urine—no abnormality. ESR-32 mm. at the end of one hour. Total leucocyte count—10,600/cmm, differential count poly 78% lympho 22%, Stool-normal.

The patient was treated as a case of gastroenteritis with intravenous fluids, antidiarrhoeal agents and one bottle of blood transfusion. The patient improved but next day morning she collapsed again and gynaecological opinion was sought.

On general examination there was marked pallor. The pulse was 140 per minute and the blood pressure was 100/60 mm of Hg. There were signs of intraperitoneal haemorrhage.

On vaginal examination, the uterus was found to be normal in size and retroverted in position. The cervical movements were not tender. The loop threads were felt on vaginal examination. Both fornices were tender but no masses were felt. Abdominal tapping under local anaesthesia confirmed the diagnosis of haemoperitoneum. She was taken up for laparotomy after starting blood transfusion. The peritoneal cavity was full of blood clots and fresh blood. On inspection of the tubes, the right was normal and the left showed signs of tubal abortion. As patient did not want more children, left salpingectomy and ligation of

right tube were done. Two pints of autotransfusion and two more bottles of blood were given to the patient during and after the operation.

The postoperative period was uneventful. Her haemoglobin was 9 gms per cent at the time of discharge. The loop was removed and patient was discharged in a fit condition on 10-4-1974.

The histopathological report of the left tube was tubal pregnancy.

Discussion

Conception occurs in spite of the presence of loop inside the uterus. The incidence reported by various authors varies widely, Oppenheimer 2.5 to Rutherford 8.1 per 100 women years.

Ectopic pregnancy with the intrauterine device in place is a rare condition as compared to intrauterine pregnancy with loop in situ. Out of 7,000 insertions by Lippes loop 23 patients conceived and four were ectopic pregnancies. Recently Chakraborty from Chandigarh has reported one such case.

From the available data, it is very difficult to consider the ectopic pregnancy as a complication or coincidence of loop insertion because this complication is rare and there is no report of any controlled study. Another conclusion from all the reported cases is that there is no hindrance to sperm migration and fertilisation of the ovum in the presence of a loop inside the uterus.

Another important aspect of a case of ectopic pregnancy with loop in situ is its diagnostic problem. In this case pain in abdomen and loose stools were considered as medical problems and the bleeding per vaginam as the normal period. The case was only diagnosed when her condition deteriorated again in spite of treatment for gastroenteritis. As the intrauterine device may cause pain and menorrhagia or metrorrhagia, it is possible to mistake the pain and menstrual disturbances of ectopic pregnancy for the symptoms produced by the device. Hence such patients should have a detailed vaginal examination to rule out such complications.

It is not the intention to condemn the use of the intrauterine device but it should be kept in mind that ectopic pregnancy can occur even after its insertion and may test the diagnostic proficiency of a doctor.

Summary

A case of ectopic pregnancy with Lippes loop in situ has been described. Emphasis has been put on the diagnosis and treatment in time for such rare complication.

Acknowledgement

We are thankful to Dr. (Mrs.) S. D. Kanitkar, M.D., F.C.P.S., Professor and Head of Department of Obstetrics and Gynaecology for her valuable guidance and Dr. V. N. Panse, M.D. M.P.H. (Columbia), Dean, L.T.M.G. Hospital and L.T.M.M. College for allowing us to quote hospital case records.

References

1. Chakraborty, R. K.: J. Obst. & Gynec. India, 21: 391, 1971.
2. Lippes, J. Cited by Ajinkya and Dhurandhar: J. Obst. & Gynec. India, 17: 84, 1967.
3. Oppenheimer, W.: Am. J. Obst. & Gynec., 78: 446, 1959.
4. Rutherford, A. M.: Cited by C. Philips and Gurchar Kaur: J. Obst. & Gynec. India, 18: 341, 1968.