ECTOPIC PREGNANCY AFTER LOOP INSERTION

(A Case Report)

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Introduction

The serious complications following I.U.C.D. are perforation and ectopic gestation. Though perforation has been reported by many authors, reports of ectopic gestation with I.U.C.D. are rare. The present case is being reported because of its rarity.

CASE REPORT

Mrs. R. aged 28 years was admitted to P.B.M. Group of Hospital on 11-2-1977. She was admitted with the complaints of amenorrhoea, 1½ month and pain in the lower abdomen one day.

Obstetric History

She had 2 full term normal deliveries. Her last delivery was 3 years ago. There was no history of abortion. She had loop insertion 3 years back after her last delivery.

Menstrual History

Her cycles were normal and regular. She had no complaint after insertion of loop and her menstrual cycles remained unaltered.

General Examination

She was a young woman of average build. She was not anemic, pulse was 80 per minute, blood pressure was 120/80 mm of Hg. Cardiovascular and respiratory systems revealed no abnormality. On abdominal examination there was slight tenderness in the right iliac fossa. There was no rigidity and no mass was palpable.

Speculum and Vaginal Examinations

On speculum examination loop thread was seen and there was erosion on the anterior lip. On vaginal examination cervix was soft. Uterus was retroverted and retroflexed in position. Exact size not made out due to tenderness in the right fornix. Left fornix was free, there was no bleeding per vaginam. The case was diagnosed as of pelvic inflammation. In the night on the same day patient complained of severe pain in the abdomen. On examination the patient was pale, pulse 120 per minute, blood pressure 110/70 mm. of Hg. There was no guarding and rigidity. On vaginal examination cervical movements were markedly tender There was marked tenderness in right and posterior fornices. Loop thread was seen and felt. Needling of pouch of Douglas was positive hence laparotomy was decided. On opening the peritoneum plenty of old blood clots and altered blood came out. Uterus was enlarged about 6-8 weeks size. In the right tube there was small rent in the ampullary portion. Right ovary was cystic. Right sided salpingo-oophorectomy was done. Left tube was also ligated by Uchida's method since she did not desire further children. One unit of blood was given during operation. Postoperative period was uneventful. The loop was removed and patient was discharged in a fit con-

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dition on 24-2-1977. The histopathological report of right tube was tubal pregnancy.

Discussion

The incidence of pregnancy with I.U.C.D. has been reported as Oppenheimer (1959) 2.5 per 100 women year, Rutherford (1961) 8.1 per 100 women year, I.C.M.R. (1962) 0.46%, Lippes (1962) 2.9%, Satherth Waite *et al* (1964) 6.3%, Tietze (1965) 4.5% and Das (1967) 0.84%.

Ectopic pregnancy with loop in situ is a rare condition as compared to intrauterine pregnancy. The etiological factors leading to this condition are not known. The action which are likely are, interference through the physical presence of the device in the uterus and foreign body reaction associated with the inflammation of endometrium favours the occurrance of ectopic pregnancy. The other factors involved might be the altered pharmacological and biochemical properties of luminal fluid and partial blockage of the interstitial part of tube by one of the contour of loop. The main problem in such cases is the diagnosis. In this case pain in abdomen was attributed to pelvic inflammation. She had however no complaint for a period of 3 years of loop insertion. Acute pain in abdomen associated with marked pallor, tachycardia and fullness in the pouch of Douglas was however suggestive of ectopic pregnancy which was confirmed by needling.

Summary

1. A case of ectopic pregnancy with Lippes loop in situ has been described.
2. Possible etiological factors and difficulty in diagnosis are breifly outlined.

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