

POST TUBECTOMY TUBAL PREGNANCY

(A Case Report)

by

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Introduction

The incidence of tubal pregnancies following Tubal Ligation have been reported from time to time (Shah and Swami 1969; Bhasin and Hngorani 1971; Little 1975; Chakravarthi and Shaidlow 1975). This phenomena was attributed to recanalisation of the tubes. However in the large series of 10,447 tubectomies analysed at Madurai, Erskine Hospital, 1 solitary case of ectopic was due to tubo-Ovarian adhesions, (Phillips 1976) proving that although surgical failure rate is the commonest cause there are other factors as well (Shah 1969). In all these reported cases the interval between operation and detection of ectopic pregnancy varied from 4 months to 9 years. Recently an unusual case of ruptured ampullary pregnancy was encountered only one month after interim tubal Ligation and hence is reported for its rarity.

CASE REPORT

S., 28 years was an emergency admission on 16-6-1976. This multiparous woman had an Interim Abdominal Tubal Ligation a month ago in a Tubectomy camp i.e. on 15-5-1976. Since then she was experiencing lower abdominal pain and occasional attacks of giddiness. In her married life of 14 years she had 6 full term normal deliveries, all at home and 3 spontaneous abortions, last abortion being 3 years back and last delivery 2½ years back. Menstrual his-

tory revealed that even though she was lactating, her periods had commenced 6 months ago—but she was definite that she was operated on the day her menstrual period was due. She had not got her regular monthly flow after tubectomy done 1 month back and she attributed this to her lactation.

On examination she was in a state of shock, pale, hypotensive and with tachycardia. There was a vague fulness in lower abdomen. Vaginal examination was very tender and uterus was bulky with a tender boggy mass in right fornix. A provisional diagnosis of pelvic cellulitis was made and 1 unit of blood transfused. As the patient's condition did not improve, colpocentesis revealed clotted blood. Immediate laparotomy on 17-6-1976 confirmed that the peritoneal cavity was filled with blood clots (350 gms) and there was a ruptured ampullary pregnancy in the right tube, 4-6 weeks size gestation. The left tube showed the 2 ligated ends separate and fibrosed. Uterus was soft and bulky. Corpus luteum was identified on right side. Bilateral salpingectomy was done. A Diagnostic curettage confirmed the absence of chorionic tissue and showed only decidual reaction. Patient was discharged on the 10th day after a smooth post operative period.

Discussion

It is clear in this case that tubectomy was done in the luteal phase of the menstrual cycle, when conception had already occurred. Amin (1976) encountered such a problem after laparoscopic sterilisation. Little in 1975, stressed the importance of performing ligation in the interim period only during the menstrual phase or immediately postmenstrual to make the procedure full proof. It is evident

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that in this case fertilisation had already occurred and as nidation in the uterine cavity was hindered the fertilised ovum was caught in the kinked tube resulting in the ectopic pregnancy.

Summary

An unusual and rare case of ruptured right ampullary pregnancy occurring one month after interim abdominal tubectomy is reported. As the conception had already occurred before ligation a fervent plea is put forth to avoid tubel ligation in the luteal phase.

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