

# ECTOPIC PREGNANCY WITH Cu.T.

## (A Case Report)

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The serious complications following Cu.T are perforation and ectopic gestation, which are quite rare. In this paper a case of ectopic pregnancy with Cu.T is reported.

### CASE REPORT

Mrs. V. aged 28 years was admitted to Government Medical College, Nagpur, on 27-3-1979. She was admitted with the complaints of amenorrhoea 37 days bleeding per vaginam for 4 days and pain in lower abdomen for 4 days.

### Obstetric History

She had 3 full term normal deliveries. There was no history of abortion or any pelvic infection. She had Cu. T insertion 1 year back in our family planning centre of this hospital.

### Menstrual History

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

### General Examination

She was a young woman of average build, slightly anemic, pulse 84 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 left iliac fossa. There was no rigidity and no mass was palpable.

### Speculum and Vaginal Examination

On speculum examination Cu.T thread was seen and cervix was slightly congested. On

vaginal examination, cervix was soft. The uterus was anteverted and bulky. The movements of the cervix caused pain. There was marked tenderness in the left fornix, but no mass was palpable. Right fornix was free. There was slight bleeding from the cervix. With the diagnosis of doubtful ectopic pregnancy colpocentesis was done and revealed dark coloured blood in the pouch of Douglas. Immediately Cu.T was removed and laparotomy was performed under spinal anaesthesia. On opening the peritoneum only about 100 cc. of blood came out. There was tubal abortion in the left tube. The blood was slowly trickling from it. Left sided total salpingectomy was performed along with right sided partial salpingectomy to effect sterilization. The patient made an uneventful postoperative recovery and discharged in a fit condition on 10th day i.e. on 5-4-1979. The histopathological report of left tube was tubal pregnancy.

### Discussion

Ectopic pregnancy with Cu.T in situ is a rare condition as compared to intra-uterine pregnancy. The incidence of pregnancy with I.U.C.D. has been reported as Oppenheimer (1959) 2.5 per 100 women year, I.C.M.R. (1962) 0.46%, Lippes (1962) 2.9% and Das (1967) 0.84%, but ectopic gestation with Cu.T. is still a rarity. The etiological factors leading to this condition are not known.

Whatever may be the mechanism of occurrence of ectopic gestation in these patients, the main problem in such cases is the diagnosis. The dull pain, pallor due to menorrhagia and irregular bleeding

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due to the device itself may mask the diagnosis.

difficulty in diagnosis are briefly discussed.

In this case pain in the abdomen was attributed to pelvic inflammation and bleeding per vaginum as delayed menstruation. She had, however, no complaint for a period of 1 year of Cu.T insertion. Pain in the abdomen associated with tenderness in the left fornix and tender cervical movements was however suggestive of ectopic pregnancy which was confirmed by colpocentesis.

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Summary

- 1. A case of ectopic pregnancy with Cu.T in situ has been described.
- 2. Possible etiological factors and

References

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