ECTOPIC PREGNANCY—WITH Cu T

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Introduction

With the vastly increased usage of intrauterine devices as a means of contraception there has been an apparant increase in the incidence of ectopic pregnancy (Tietze 1970; Hallatt 1976). The possibility of missing the diagnosis of ectopic pregnancy must be borne in mind as the presenting symptoms may be mistaken for the complications of IUD.

In the recent past we had 3 cases of ectopic pregnancies in patients with Cu T in situ.

Case 1

Mrs. P. G., 27 yrs. old, was admitted in Lady Hardinge Medical College and Smt. Sucheta Kripalani Hospital, New Delhi on 18-1-79 for continuous vaginal bleeding for 26 days following amenorrhoea of 5 weeks. She had Cu T inserted 1½ years earlier which was removed 14 days prior to admission in view of vaginal bleeding. There was no hstory of passing products of conception. Patient had a lower segment caesarean section 2 years earlier for contracted pelvis followed by Cu T insertion 6 months later.

Examination: General condition was fair, pulse—90/min, regular and good volume, blood pressure—120/70 mmHg.

Cardiovascular and Respiratory Systems were normal.

Abdominal Examination: Right paramedia scar of old L.S.C.S. No mass or tenderness detected.

Vaginal Examination Cervix backwards, uterus anteverted, mobility restricted with marked tenderness in all the fornices.

Culdocentesis was positive Laparotomy was undertaken revealing left sided tubal abortion. Left salpingectomy was done. Postoperative period was uneventful. Histopathology report. Tubal pregnancy.

Case II

Mrs. U.S. 33 years old, was admitted in L.H.M.C. and S. K. Hospital, New Delhi on 27-1-79 for continuous vaginal bleeding for 1½ months. She had Cu T insertion 2½ years back which was removed 20 days prior to admission. A day before admission patient had severe pain in the lower abdomen which brought her to the hospital. She had 2 full term normal deliveries in the past and the last delivery was 4 years back. There was no history of interference of any kind.

Examination: Pulse—100/min, regular blood pressure—110/70 mmHg. Pallor present.

Cardio vascular and respiratory systems were normal.

Abdominal examination: guarding in lower abdomen present. Bowel sounds present.

Vaginal Examination: Excitation pain was present and vague fullness was felt in the right fornix. Uterus felt normal in size. A positive culdocentesis followed by laparotomy was performed on the day of admission. Ruptured ectopic of right fallopian tube was visualized. Hence right salpingo-oophorectomy with left partial salpingectomy was performed (Tubectomy). Postoperative period was uneventful. Histopathology Report. Tubal pregnancy.

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Case III

Mrs. D., 24 years old, was admitted in A.H.M.C. and S. K. Hospital, New Delhi on 30-4-79 for continuous vaginal bleeding for 15 days without any preceding amenorrhoea. Patient had Cu T insertion 4 years back and got it changed during her last period which was on 15-4-79.

Examination: General condition satisfactory pulse—80/min, regular, blood Pressure-110/70 mmHg.

Systemic examination—Nothing abnormal.

Per Abdomen. Nil significant.

Per vaginum. Cervix backwards, os closed. Cystic pulsatile mass filling the left and posterior fornix. Uterus could not be made out separately. Cervical excitation pain was present.

A diagnosis of ectopic pregnancy was suspected. Culdocentesis followed by laparotomy was done. Right tubal abortion with pelvic haematocele was present, hence right salpingectomy was done.

Histopathology Report. Ectopic pregnancy.

Discussion

Opinions regarding the role played by I.U.D. in the apparant increase in the incidence of ectopic pregnancy are varied. On one hand some authors have implicated IUD as a causative agent while others have denied any role played by it in the increased incidence of ectopic pregnancies.

The present series of 3 cases emphasises the need of keeping in mind the possibility of tubal gestation in patients who are apparantly protected from pregnancy due to IUD they are wearing.

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