POST-STERILIZATION TUBAL PREGNANCY

(A Report of two Cases)

by

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As more and more sterilizations are being done, recanalisation of the fallopian tube will become an increasingly important aetiological factor in ectopic pregnancy. A previous history of sterilization does not rule out this diagnosis, but in fact, should be strongly considered when there is collaborating clinical evidence to suggest ectopic conception. This point has been brought home vividly by the two case reports illustrated here.

Case 1

A 35 year old woman was admitted on 15th March 1977 for amenorrhoea of 45 days followed by acute colicky right-sided abdominal pain for the past 5 days associated with nausea and dysuria. She also had slight vaginal bleeding since 3 days which she took to be delayed periods. There was pain on defaecation.

Her previous menstrual history was regular and normal (3-4/30). She had 2 full term normal deliveries and 2 spontaneous abortions. She had undergone puerperal sterilization following her last delivery 8 years ago.

On examination, she was markedly pale but the vital signs were normal. Abdomen was soft but generally tender all over. Pelvic examination revealed a tender vague pulsatile cystic mass in the right fornix and vague fullness in pouch of Douglas. Movement of cervix was tender.

Investigations: Hb: 6.0 G% Tc 6,400 cells/cu mm. Urine: NAD, Stool: NAD.

A provisional diagnosis of ectopic pregnancy was made and colpocentesis was done which was negative. This result and the good general condition of the patient prompted a conservative line of management with blood transfusions and antibiotics. Her condition suddenly deteriorated after 3 days with increasing pain and distension of abdomen.

An emergency laparotomy confirmed the diagnosis of ruptured ectopic pregnancy in the right tube. The left tube appeared damaged but not disrupted about 3 cm away from the cornual end. Both the round ligaments were intact. Following right salpingo-oophorectomy and left partial salpingectomy she recovered well except for a brief febrile episode.

Case 2

A 30 year old multiparous woman was admitted on 22nd June 1978 for sudden acute pain on the right side of abdomen since the previous night. She had been treated as inpatient on the surgical side a week earlier for similar pain in abdomen, thought to be due to appendicitis or pelvic inflammatory disease. Her last menstrual period was 38 days ago, but her periods had always been irregular (3/30-45 days). The last of her 5 children was born 9 years ago following which she had undergone puerperal sterilization.

Her general condition was good on admission and she was afebrile. The vital signs were normal. There was only vague tenderness in the

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Paper presented at the XXIII All India Congress in Obstetrics and Gynaecology, Bangalore 1979.

Accepted for publication on 23-7-80.

lower abdomen, but on bimanual examination, the right fornix and movement of cervix were acutely tender. No mass was palpable.

Investigations: Hb 11.0 G% T.C. 10,200 cells/cu mm. Urine: NAD Stool: NAD.

A provisional diagnosis of pelvic inflammatory disease was made and she was put on antibiotics. Abdominal pain became severe after 5 days but subsided gradually with antispasmodics, but she developed a pelvic mass which was thought to be inflammatory in origin.

A planned laparotomy on 5th July, 13 days after admission, revealed an old ruptured ectopic pregnancy in the right tube necessitating right salpingo-oophorectomy and appendicectomy. The left tube appeared disrupted due to sterilization but was totally removed. Both the round ligaments were intact. The post operative period was uneventful.

Acknowledgement

We wish to thank the Medical Superintendent, St. Martha's Hospital for permission to use the hospital records and the Dean, St. John's Medical College, Bangalore for permission to submit the paper for publication. The cases were treated at St. Martha's Hospital, Bangalore.

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