

ECTOPIC PREGNANCY AFTER TUBECTOMY

(Report of 2 Cases)

by

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Total number of tubal ligations done from 1973 to 1980 at Lady Reading Hospital were 3387, out of which there were only 6 failures (0.18%) none of which was an ectopic. Two cases of ectopic gestation following tubectomy are reported. None of the present case was tubectomized at a Lady Reading Hospital, Simla.

CASE REPORT

Case 1

Mrs. K., 29 years old, P3 + O was admitted on 6-12-79 with history of 10 weeks amenorrhoea followed by bleeding per vaginum on 1st December 1979 which continued for one day only. She had an episode of acute pain in abdomen on 6th December. Her previous menstrual history was normal. She had puerperal abdominal tubectomy 3 years ago at Jagadhari Hospital.

On Examination: General condition was good, pulse 90/mt, B.P. 110/70 mm-Hg., Hb 11.5 gm per cent. Urine-nil for albumin and sugar.

Abdomen was soft with tenderness on deep palpation in its lower part. On vaginal examination, uterus was anteverted, normal in size, with tenderness in right fornix.

On 7-12-80, culdocentesis was done which was positive. At laparotomy there was free blood in the pelvic cavity due to right tubal rupture at the junction of previous tubectomy scar which had probably recanalized. Right salpingectomy was done. Left sided tubal ends were well separated. Post-operative period was uneventful.

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Case 2

Mrs. A. V., 31 years, P4+O was admitted on 18-2-80 as a case of tubo-ovarian mass or ovarian tumour for exploratory leparotomy. Patient had 6 weeks amenorrhoea for which menstrual regulation was done on 16th Jan. 1980 but no products of conception came out. She had puerperal abdominal tubectomy 4 years back at Ripon Hospital, Simla. Patient continued having slight vaginal bleeding and acute attacks of pain in left lower abdomen off and on. On opening the abdomen, the left ampullary end of fallopian tube was swollen and few blood clots were emerging out of its fimbrial extremity. It was a case of tubal abortion. Left salpingectomy was done. Right sided tubal ends were well separated. Post-operative period was uneventful.

Comments

In both the cases puerperal tubal ligation was done 3-4 years earlier. Both had amenorrhoea 6 to 10 weeks and abdominal pain. Pre-operative diagnosis was delayed in first case and missed in the second case probably due to previous history of sterilization. Recanalization of the tube with formation of narrow lumen sufficient to allow the passage of sperm but not of fertilized ovum seems to be the possible mode of development of tubal pregnancy in the present two cases.

Summary

Two cases of ectopic pregnancy following puerperal abdominal tubectomy are reported.