

# ECTOPIC PREGNANCY WITH INTRA-UTERINE CONTRACEPTIVE DEVICE

(A Case Report)

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Various types of intra-uterine contraceptive devices (I.U.C.D) are being used for purpose of Family Planning. Lippes loop, being cheaper is more popular. Out of some of the complications following IUCD, a rare but dangerous complication is ruptured ectopic pregnancy. An interesting case report of ruptured pregnancy with Lippes loop in situ is presented.

## CASE REPORT

Patient V.D. aged 32 years was admitted in Lady Reading Hospital, Simla on 4-10-71 at 5 P.M. for pain in lower abdomen and vaginal bleeding for the last 2 days. Patient had Lippes loop insertion 4 years back. Patient was moderately built and her general condition was fair, blood pressure was 100/60 mm of Hg., pulse 70/mt. Patient was slightly pale.

On abdomen examination abdomen was soft, no muscle guarding or rigidity, there was vague tenderness on deep palpation in left iliac fossa. On vaginal examination uterus was in vaginal

axis, normal in size and outline, deviated towards right side. Right fornix was clear and left fornix was slightly tender. On speculum examination, portio-vaginalis was healthy, threads of loop was seen coming out of cervical canal and there was bleeding from the cavity of uterus.

The patient was diagnosed as a case of loop menorrhagia with pelvic infection with moderate anaemia. She was put on Inj. Imferon 2 ml, I/M, A.D., Injection Liver extract 2 ml I/M, A.D., and Injection Strepto-penicillin  $\frac{1}{2}$  gm. I/M, B.D. She started improving with this treatment but the small amount of vaginal bleeding continued and she gave consent for removal of IUCD and tubectomy operation. On 12-10-71, she was operated. Loop was removed and dilatation of cervix and curettage of uterus was done and normal looking endometrium was obtained. After this abdomen was opened for tubectomy and then a small amount of old blood was present in the peritoneal cavity and there were few old blood clots in the pouch of Douglas which were also removed. The left fallopian tube showed a ruptured sac at its isthmic end. Left sided salpingectomy and right sided tubectomy was done by modified Pomeroy's method. Ovarian biopsy was taken from left ovary. Post operative period was uneventful. She menstruated normally on 7-11-71 and bleeding continued for three days only. She was discharged from the hospital in perfectly healthy condition on 15-11-71.

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