

# ECTOPIC PREGNANCY WITH COPPER—T

## (Two Case Reports)

by

(MRS.) S. BHATT,\* M.S.

and

(MRS.) A. MUKERJI,\*\* M.S.

Ectopic Pregnancy with Copper T 200 is a rare complication. Two such cases have occurred in this institution upto now and are reported.

### Case 1

Mrs. A. aged 25 yrs. was admitted in the department of Obstet. and Gynaecology, M. Y. Hospital, Indore on 14-12-78 for severe pain in abdomen since 5 hours and vaginal bleeding since 6 days.

### Obstetric History:

She had 1 full term normal delivery 3 yrs. back. She had a post menstrual Copper T application one year back.

### Menstrual History

Her cycles were regular 3-4/30 days. She had her last period 6 days back and developed pain in abdomen on the 3rd day of bleeding. She was examined then. The Cu.T was in position and triple sulfa cream was advised for erosion of the cervix. She was still bleeding till the 6th day.

### General Examination

Patient was of average build and nourishment. Pulse was 84/min. B.P. was 100/70 mm Hg. Conjunctiva was pale. Other findings were normal.

\*Lecturer.

\*\*Professor and Head of Deptt.

Deptt. of Obstetrics and Gynaecology, M.G.M. Medical College and M.Y. Hospital, Indore (M.P.)

Accepted for publication on 15-6-81.

### Speculum and Vaginal Examination

On Speculum examination, there was erosion on both lips and Copper-T thread was seen. On vaginal examination, cervical movements were not tender uterus was anteverted of normal size. On deep palpation there was tenderness in left fornix.

Cu.T was removed and decision for vaginal examination under anaesthesia, needing and if necessary laparotomy taken.

### Examination under Anaesthesia

The uterus was shifted to the right side and a mass was palpated in the left fornix. Decision for laparotomy was taken. Laparotomy revealed peritoneal cavity to be filled with blood. Left tube showed ectopic pregnancy and left ovary was also cystic. Left side salpingo-oophorectomy was done. Postoperative period was uneventful. Histopathology confirmed the diagnosis.

### Case 2

Mrs. A 25 yrs. H. F. was admitted to the deptt. of Obstet and Gynec. M. Y. Hospital, Indore on 26-10-80 for vaginal bleeding off and on since 24 days and severe pain in the abdomen since 12 hrs.

### Obstetric History

Patient had 2 full term normal deliveries. M.T.P. and Cu.T. insertion 8 mths. back in M.Y.H.

### Menstrual History

Patient had menorrhagic cycles, 8-10/30 days following insertion of Copper T. She missed

her period in September and Copper T was removed 6 days after the missed period in anticipation of a menorrhagic cycle. Following Cu.T removal she had vaginal bleeding off and on. On 26-10-81 she developed severe pain in abdomen for which she was admitted.

#### General Examination:

Patient was of average build and nourishment. Conjunctivae was pale. Pulse 100/min. B.P. 110/80 mm.Hg. Other findings were normal.

#### Speculum and Vaginal Examination

On speculum examination, cervix was congested. Blood-stained mucoid discharge was coming through the os.

On vaginal examination, cervix was downwards, and backwards movements of cervix were tender. Exact size of the uterus could not be made out because of tenderness in all the fornices **Examination under Anaesthesia:**

Cervix downwards and backwards, uterus anteverted, of normal size. Fornices seem to be clear. No fullness felt. On needling, dark coloured blood come out freely. Decision for laparotomy was taken. Peritoneal cavity was filled with blood. Uterus and tubes were delivered. The right tube had on ectopic pregnancy at the ampullary part which had ruptured. Rt. partial salpingoectomy with removed of ectopic sac done. Patient had uneventful recovery.

Histopathology confirmed the diagnosis.

#### Discussion

Upto now only 3 reports have been published in Journal of Obstetrics &

Gynaecology of India on ectopic pregnancy with Copper T. Alwani *et al* (1978), Basak *et al* (1980) Ovarian Preg.) and Agarwal (1980).

The I.U.D. appears to produce 90% prevention of ectopic pregnancy as compared to 97-98% of intrauterine pregnancies. If a woman becomes pregnant with intrauterine device, she has 1:20 chance of having an ectopic pregnancy.

Symptoms may be attributed to the device and the diagnosis of ectopic may be masked.

Patients who have a therapeutic abortion for an I.U.D. failure should have the uterine contents examined histologically to be certain that the gestation was intrauterine.

#### Acknowledgement

We thank the superintendent, M.Y. Hospital, Indore for allowing us to publish the case reports.

#### References

1. Alwani, M. C., Mandlekar, V. A., Krishna, R. Usha and Purandare, V. N.: J. Obstet. Gynec. India, 28: 626, 1978.
2. Basak, S., Konar, M. and Sinha, B.: J. Obstet. Gynec. India, 28: 684, 1978.
3. Agarwal, S.: J. Obstet. Gynec. India, 30: 554, 1980.