

FIMBRIAL PREGNANCY—A RARE COMPLICATION OF LAPAROSCOPIC STERILIZATION

(A Case Report)

by

V. PADUBIDRI,* M.D., F.R.C.O.G.

and

K. SHARMA,** M.D.

CASE REPORT

Mrs. K., 30 years, Para 3, underwent MTP and laparoscopic falope ring sterilisation on 1-1-1982. She was eight days overdue, and the uterus felt just bulky. Both the fallopian tubes were normal in appearance at the time of sterilisation which was carried out with no problem whatsoever.

Postoperatively, because she complained of dull aching pain in lower abdomen, she was kept under observation for 3 days.

She was readmitted 2 weeks later with abdominal pain which had got gradually worse since the operation, and retention of urine for one day.

A tender mass in the lower abdomen, 12 x 12 cms was felt in the right iliac fossa encroaching on to suprapubic region. The cervix was pushed behind the symphysis pubes. The uterus could not be clearly defined. A tender tense swelling was felt in the right fornix. She was afebrile, the blood pressure was 100/60 and Haemoglobin was 8 gms.

In view of the previous operation which led to the present condition, the diagnosis of broad ligament haematoma was initially made, and conservative treatment instituted. The following day, she developed fever (38.5F) and a repeat pelvic examination revealed another tender cystic bulge in the post fornix. The probable development of pelvic abscess prompted needling of the pouch of Douglas. The old clotted blood was aspirated and laparotomy followed.

300 ml of blood was lying free in the peritoneal cavity. A fimbrial tubal pregnancy had

ruptured. The falope ring could not be identified amongst the haemorrhagic mass. The left tube appeared oedematous. Bilateral salpingectomy was performed.

Discussion

This tubal pregnancy was not present at the time of sterilisation operation as both the fallopian tubes had appeared normal then.

A tubal pregnancy in the distal stump following falope ring sterilisation has not been reported.

The diagnosis of broad ligament haematoma and later pelvic infection were the genuine complications that were thought of and ectopic pregnancy never came into our mind, because the tubes appeared normal at the time of operation.

A fimbrial pregnancy due to trapping of a fertilised ovum by falope ring is an additional complication to be borne in mind in future, although such a complication should be rare. Would it be prudent to defer MTP/Sterilisation until 6 weeks gestation in all cases is a point that needs to be given due thought to avoid this rare occurrence.

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*Associated Professor.

**Assistant Professor.

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