

Unusual Complication following Laparoscopy

Radha Pandiyan • Chakravarthy

Dept. of Andrology Reproductive Sciences, Reproductive Medicine and General Surgery,
Apollo Hospitals, Madras.

Mrs. X, 36 years old, reported to us for primary infertility of 18 years duration. She has had tuboplasty in 1983 for Rt cornual block and left ampullary block. Husband had normal seminal parameters. In view of the past tuboplasty, evaluation of tubes by diagnostic laparoscopy and intra fallopian insemination with husband's prepared spermatazoa were planned and carried out under GA. Patient was discharged as outpatient the same day. On the third postop day, patient was readmitted with severe abdominal pain-intermittent and colicky with occasional vomiting. She has not passed flatus / motion since surgery. Abdomen was distended with absent bowel

sounds. Distension did not subside with conservative measures for adynamic ileus. X ray abdomen revealed only few distended loops of intestines with air under the diaphragm. USG abdomen revealed fluid collection in the peritoneal cavity. Under local analgesia, paracentesis abdominis was done and 1500cc of straw coloured fluid aspirated. It was sterile on culture with 1.3 gms protein and cell count of P 52% L 48% (total cells 320). Pt improved gradually and subsequently 6 months and ten months later, underwent two IVF ET attempts with us. This case is presented for the rarity of ascites following laparoscopy / laparoscopic insemination.