

Pregnancy after Bilateral Tubal Ligation at Aira Hospital

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Abstract

Even though tubal sterilization is considered as a permanent method of contraception, it doesn't guaranty for permanent infertility. Cumulative 10-year probabilities of pregnancy after postpartum partial salpingectomy were (7.5/1000).

We report 2 cases, one of a 30-year-old woman (G5P4) who was successfully managed for ruptured ectopic pregnancy, and a 28-year-old woman (G4P3) who was successfully managed for term intrauterine pregnancy after bilateral tubal ligation were done.

Conclusion: These cases demonstrated that even though pregnancy after bilateral tubal ligation is uncommon, sterilization does not guaranty for permanent infertility.

Keywords: *Pregnancy, Bilateral, Tubal Ligation*

Introduction

Tubal sterilization is an increasingly common method of contraceptive choice. It is usually accomplished by occlusion or division of the fallopian tubes to prevent an unfertilized ovum from passing through the fallopian tubes where it can be fertilized by sperm. This can be performed at any time, but at least half of tubal sterilization procedures are done at the time of cesarean or vaginal delivery. Non-puerperal tubal sterilization is usually accomplished at an outpatient surgical center. Although pregnancy after sterilization is uncommon, it can occur still, either as ectopic or intrauterine pregnancy [1].

Case Report

Case 1

A 30-year-old woman, gravida 5, para 4 presented with complaints of lower abdominal pain of 15 hours and amenorrhea of two months. She had dizziness, nausea, vomiting since start of lower abdominal pain. She had previously undergone caesarean delivery and bilateral tubal ligation 5 years back at another hospital. She did not use any contraceptive since then. She was having 28 days regular menstrual cycle with 5 days of menstrual flow. She did not have vaginal bleeding. On presentation at our institution, vital signs were unstable. Blood pressure was in hypotensive range 85/50 mmHg, tachycardic pulse rate was 124 beats per minute. She had pale conjunctiva and lower abdominal tenderness. On pelvic examination there was left adnexal mass, bulged culde sac, adnexal tenderness. Sonography showed 7 mm endometrial thickness, 4.5 x 6 cm echo complex left side adnexal mass, fluid in the cul-de-sac and paracolic gutter. Urine HCG was positive and Hgb was 7.3 gm/dl. With diagnosis of ruptured ectopic pregnancy, laparotomy was decided. Intraoperative finding revealed 1200ml of hemoperitoneum, which was sucked out of peritoneum, ruptured distal part of left fallopian tubes, communicating opening on the end of proximal part. The right side of tube was separated with blind end stumps. With these findings left side salpingectomy was done. The post-operative course was smooth, and the patient was discharged on the 4th post-operative day.



Figure 1: Ruptured ectopic tubal pregnancy after bilateral tubal ligation.

Case 2

28 years old gravida 4 para 3 woman presented with global headache of 24 hours. Gestational age was 37 week and 5 days from last normal menstrual day. Had blurring of vision, epigastric pain of 24 hours. High blood pressure was identified during antenatal care follow up. She felt fetal movement as usual. She had three previous cesarean deliveries, the last was done five years back with bilateral tubal ligation. Since then she did not use any contraceptive. She had no similar illness in previous pregnancy. On physical examination BP 170/120 mmgh, PR 84 beat/minute, RR 24/minute. On abdominal examination 36 wks. size gravida uterus, longitudinal lie, vertex presentation, FHB was 144 - 160. All laboratory result was within normal range. with diagnosis of early term pregnancy plus severe preeclampsia with three previous cesarean scars and failed bilateral tubal ligation, patient stabilized with antihypertensive drug and magnesium sulphate prophylaxis. Cesarean delivery was done and a male neonate weighing 3100 gm was delivered with APGAR score of 7 and 9 at 1st and 5th minute respectively. Placenta delivered, and uterus closed by two layers. left fallopian tube was separated at ampullary part with blind stump and right side of tube had mild scar at ampullary part but intact. Right side tubal ligation was done. Patient was discharged at 4th post operation days with smooth course.



Figure 2: Intrauterine pregnancy after bilateral tubal ligation.

Discussion

Tubal sterilization is one of the options of permanent contraception which is done in an ambulatory surgical setting. Cumulative 10-year probabilities of pregnancy after postpartum partial salpingectomy were (7.5/1000), among 7.3/1000 were ectopic pregnancies. Although tubal sterilization is highly effective, the risk of sterilization failure is different according to different techniques used for tubal occlusion. Mostly modified pommery method is used in our set up. The risk of failure according to years of the procedure, experience, method of tubal occlusion and age [2].

The probable explanation of these ectopic gestations after tubal ligation is recanalization or formation of a tub peritoneal fistula and surgical error. The sperms may pass through the fistula, but the fertilized ovum cannot. Fertilized ovum can be implanted in the distal tubal segment, this will result ectopic pregnancy. Sometimes surgical error like round ligament ligation and use of chromic catgut instead of plain cat gut helps tubal ligation recanalization, which results in intrauterine pregnancy [1,3,4]. In these case report considering tubal canalization result intrauterine pregnancy is very important because mild scar was found in mid fallopian tubes of the case.

Females who undergo bilateral tubal ligation should be adequately counseled on the possibility of pregnancy after the procedure. Whenever tubal sterilization is performed, a care and meticulous technique are required to avoid failure [5]. Pregnancy should be considered in patient with pelvic pain and amenorrhea even though she had previously history of bilateral tubal ligation procedure. It is also very important to investigate for pregnancy and pregnancy related complication after bilateral tubal ligation.

Conclusion

Even though bilateral tubal ligation is considered as permanent contraceptive, it doesn't mean that she is permanently sterilized. so reproductive age women with amenorrhea and/or lower abdominal pain should be investigated for pregnancy.

Conflict of Interest

The authors declared that there is no conflict of interests regarding the publication of this paper.

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