Pregnancy after tubal coagulation-section: about a case and review of the literature

M. A. EL MOCTAR, A. EL BACHIR , M.B IDRISSI ,K.M.SAOUD, N.MAMOUNI, S.ERRARHAY, C.BOUCHIKHI, A.BANANI

Department of Obstetric Gynecology I CHU HASSAN II - Faculty of Medicine, Pharmacy and Dentistry, University of Sidi Mohamed Ben Abdallah ,Fez , Morocco

Contact:elmoctarmab@gmail.com

<u>Abstract</u>: Coagulation-section +/- salpingectomy is becoming an increasingly popular method of birth control. This coagulation section +/- salpingectomy is irreversible, and women who resort to this method are generally those who feel they have fulfilled their families.

Keywords: Tubal coagulation section, salpingectomy, pregnancy.

INTRODUCTION

Tubal coagulation section +/- salpingectomy is becoming an increasingly important means of birth control (1).

Formerly exceptional and limited to serious medical indications or the woman's wish, tubal sterilization has seen its indications broaden, as personal convenience has emerged along with socio-economic constraints (1).

Some authors have reported cases of pregnancy after tubal ligation, with rates ranging from 0.55 to 4.05% (3,1). We hereby report an unpublished case of clinical observation of pregnancy after tubal coagulation section.

CLINICAL OBSERVATION

Madam , 28 years old, 3rd gesture, 2nd pare, 2 living children, having benefited from a laparoscopic tubal coagulation section, consulted our department two years later for delayed menstruation with a positive urine pregnancy test. The physical examination was unremarkable, the BHCG level was 26 mUI/ml and pelvic ultrasound showed an empty uterus: an empty uterus, no laterouterine image(image 1), the decision was made to perform an exploratory laparoscopy with bilateral salpingectomy and endometrial curettage, as pregnancy was not desired; in the days preceding the operation, the patient continued to decrease her BHCG level until negativation.

Laparoscopy: on examination, uterus of normal size with tubes sectioned at their isthmic porion portion, no hydrosalpinx seen, the two normal-looking ovaries (image 2)

We performed bilateral salpingectomy and addressed the tubes for histological study in search of trophoblastic tissue, but ultimately found no trophoblastic tissue in the tubes, leaving the uterine localization as the most likely.



Image 1 :Ultrasound: empty uterus



Image 2: Tubes severed from the uterus , the two normal-looking ovaries

DISCUSSION

In the literature, we have not found a pregnancy after tubal section-coagulation, hence the interest of our case. On the other hand, rare cases of pregnancy after tubal ligation have been reported in the literature, with rates varying from 0.58% by Cissé C.T (2); 4.05% by M.Sangaré (1) to 8% by Darbois (3). For some authors, the failure of

CONCLUSION

The coagulation section, which should confer deliberate and well-considered sterility on women, does not totally spare them from a possible pregnancy as long as their endocrine and sexual functions are preserved.

REFERENCES:

- 1-M Sangaré, A Diouf, B Traoré, F Diadhiou. Les ligatures de trompes par minilaparotomre (A propos de 74 cas) Médecine d'Afrique Noire : 1993, 40 (8/9) ;
- 2- Cissé CT, Gomez-Cissé C, Kerby K, Faye EO, Diadhiou F, Grossesse après stérilisation tubaire. Expérience du CHU de Dakar = Pregnancy after female surgicalsterilization : 5 cases Contraception, fertilité, sexualité ISSN 1157-8181 1998, vol. 26, no3, pp. 229-233.
- 3- DARBOIS Y.Stérilisation chirurgicale de la femme E.M.C., 800 A 10, 4 1976;
- 4- Ameh N, Madugu NH, Bawa US, Adelaiye MS, Akpa M. Grossesse extra-utérine bilaterale après ligature des trompes: A case report.Niger J Med. 2006 Oct-Déc; 15 (4): 453-4.
- 5- Moses AW, Burgis JT, Bacon JL, Risinger J. Mauvaise position de Essure microinserts 3 mois après le placement bilatérale fructueuse. Fertil Steril. 2009 Mar; 91(3): 930. e1-5. Epub2008 octobre21. [Fertil Steril. 2009];
- 6- Rosa M, Mohammadi A Leeman L, Wilkinson J. Ectopic tubal grossesse après l'hystérectomie et la ligature des trompes. Arch Gynecol Obstet. 2009 Jan; 279 (1): 83-5. Epub 2008 avr.17. [Arch Gynecol Obstet. 2009];
- 6- Traoré M, Mounkoro N, Diallo FS, Dolo A. un cas d'échec de ligature tubaire. Mali Médical 1996 ; 4:47-8