

Intrauterine pregnancy with IUD in situ in a woman with single ovary, contralateral fallopian tube and endometriomas

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BACKGROUND

Pregnancy with an intrauterine device (IUD) in situ is uncommon but associated with increased risks.

Fertility may be reduced in women with a single ovary and a contralateral fallopian tube, particularly in the presence of ovarian endometriomas.

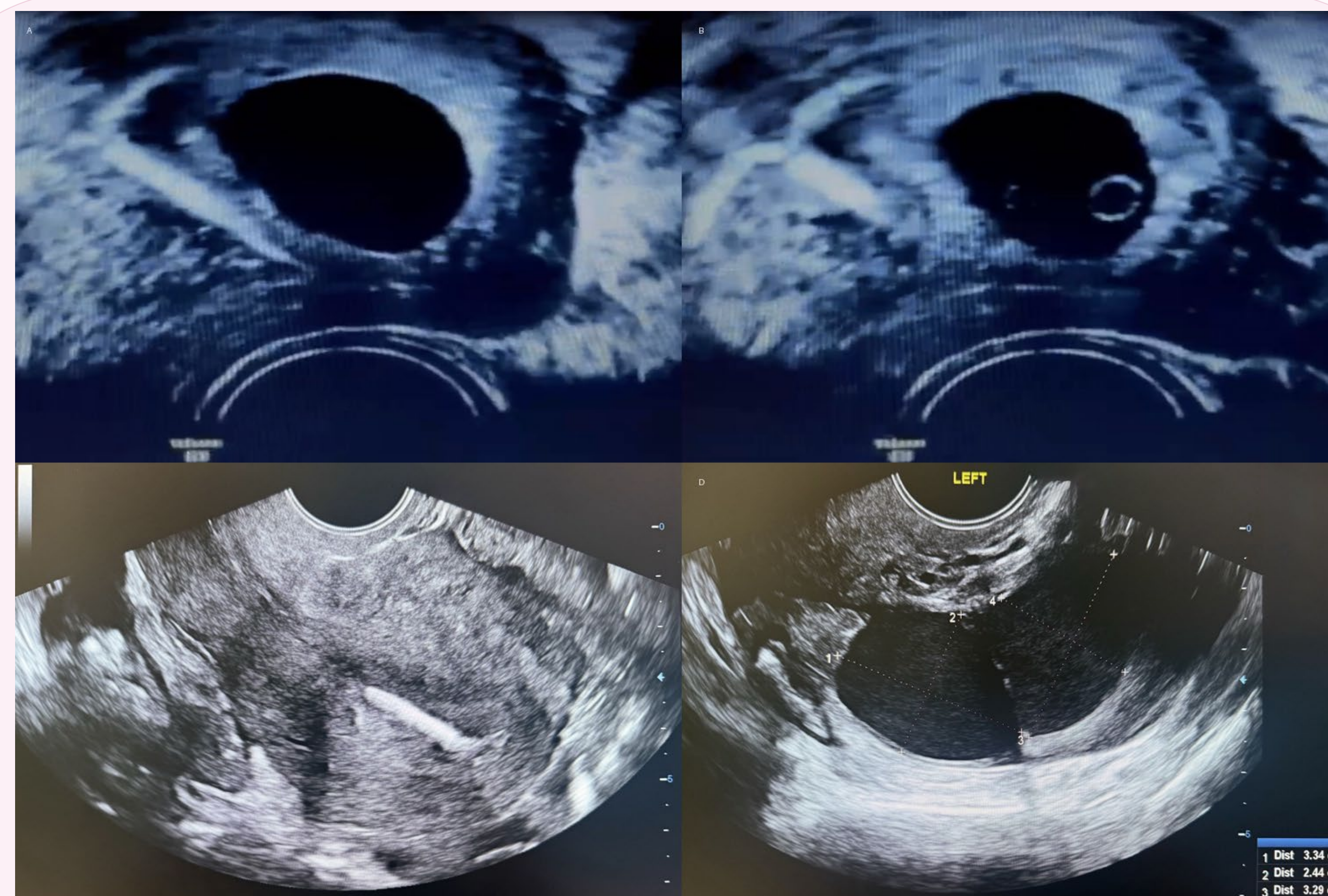
CASE PRESENTATION

- 35-year-old woman, G₇ P₂ A₃ E₁
- Two previous vaginal deliveries
- Spontaneous pregnancy despite IUD inserted one year earlier
- Previous left salpingectomy for ectopic pregnancy
- Previous right oophorectomy for ovarian apoplexy
 - Single ovary + contralateral fallopian tube
- Remaining ovary contained endometriomas

ULTRASOUND FINDINGS

AT 6 + 0 weeks:

- Intrauterine gestational sac: 22 mm
 - Yolk sac and viable embryo
- IUD visualized in the correct position within the uterine cavity
- Two adjacent endometriomas in the remaining ovary: 33 × 25 mm and 32 × 24 mm



Transvaginal ultrasound at 6 + 0 weeks

OUTCOME

Despite multiple factors negatively affecting fertility, spontaneous conception occurred.

The pregnancy was unintended and subsequently terminated.

KEY MESSAGE

Spontaneous conception may occur despite unfavorable reproductive conditions, including IUD in situ, distorted adnexal anatomy and ovarian endometriomas.

Effective contraception does not fully exclude pregnancy. Routine follow-up and early ultrasound are important to confirm pregnancy location and guide management.