

Female sterilization

Should salpingectomy be the standard procedure?

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Objective

Describing a case of tubo-ovarian abscess in a patient who had previously undergone tubal ligation.

Case Report

- 54 year old woman
- G2P2, two cesareans; menopause at 48 years old
- History of uterine fibroleiomyomas and left salpingo-oophorectomy and right tubal ligation due to an endometrioma

She was admitted to the Gynecology Emergency room due to low back pain radiating to the right iliac fossa, a fever of 38°C and vomiting.

Objective examination:

Painful abdominal palpation in the right iliac fossa with no pain on decompression, absence of renal Murphy sign and the bimanual examination showed a normal-sized uterus slightly painful on mobilization as well as a mass of about 4cm in the right adnexal area painful to the touch.

Imaging:

Ultrasound at admission: heterogeneous mass of about 35mm, anterior to the uterus.

Laboratory evaluation:

Slightly raised inflammatory parameters and a normal urinalysis.

Differential diagnosis:

Right tubo-ovarian abscess or a fibroleiomyoma with areas of degeneration

Decision:

Analgesics and antibiotics (clindamycin and gentamicin)

Abdominopelvic CT (4 days after admission): tubo-ovarian abscess vs intestinal/appendiceal abscess.

Abdominopelvic MRI (5 days after admission): mass of 4x3,3x4,3cm close to the anterior wall of the uterus, slightly lateralized to the right, stating that a tubo-ovarian abscess was the most likely diagnosis.

After completing a week of antibiotics with a favorable clinical and laboratory evolution, the patient was discharged with the indication to maintain antibiotic therapy with cefuroxime and doxycycline.

Discussion

Tubal sterilization is a safe and common procedure that can be accomplished either by tubal ligation or salpingectomy. Besides the contraceptive benefits of these procedures, they are also associated with decreased risk of developing pelvic inflammatory disease (PID). Even though it is less likely to develop to PID after tubal sterilization, there are reported cases of tubo-ovarian abscess, particularly concerning the proximal part of the Fallopian tube.

Conclusions

Performing salpingectomy removes the possibility of developing a tubo-ovarian abscess in the context of pelvic inflammatory disease, meaning that these procedure might be the best surgical choice for sterilization.