Healthy Live Pregnancy at Term Following Inadvertent Hysteroscopy in the First Trimester.

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Objective:

This is a rare case of a healthy full term pregnancy after an invasive gynaecological procedure where the uterus was instrumented.

Case Report

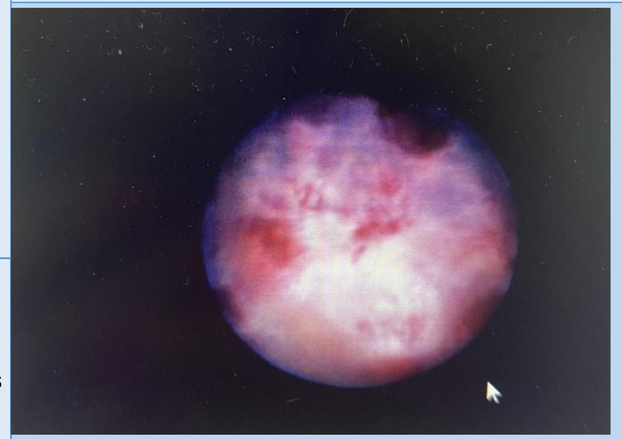
A 37 years old woman was referred for cavity assessment prior to a Novasure endometrial ablation for menorrhagia. She gave a last menstrual period of four weeks and had abstained from sexual intercourse. She declined a urine pregnancy test. She had an ultrasound scan six weeks earlier which showed a normal endometrial thickness of 5mm. A diagnostic hysteroscopy was performed using a vaginoscopic technique using a Versascope. There was an unusual appearance of a cystic mass filling the cavity which was vascular. A directed biopsy was taken and sent for urgent histology which showed chorionic villi and was reported as retained products of conception. A blood HCG level and ultrasound were performed which identified a viable intrauterine pregnancy of 8 weeks gestation and a 22mm extrachorionic haematoma. Following the hysteroscopy the woman had a few days of vaginal bleeding and low abdominal pain which settled. Growth scans were normal and she had a planned elective caesarean section at term and delivered a healthy girl weighing 3150g.

Learning

Uterine instrumentation is usually contraindicated in viable pregnancy however hysteroscopy has been reported in early pregnancy with successful outcomes. *Assaf et al* reported 31 out of 50 women achieving full-term pregnancies after removal of intrauterine devices by CO2 hysteroscopy in early pregnancy. In this rare case a gestation sac was diagnosed at hysteroscopy and the procedure did not disturb the pregnancy. This case report and others can be used to counsel women who may have inadvertently undergone diagnostic hysteroscopy during early pregnancy, that hysteroscopy is minimally invasive, especially if the cervix was not dilated and therefore termination is rarely required.

Discussion

Viable intrauterine pregnancy is a contraindication to diagnostic hysteroscopy as it may cause infection and miscarriage. A pregnancy test is recommended but is not mandatory prior to a hysteroscopy. In this case the patient confirms she had abstained from intercourse from her last menstrual period, however in retrospect this was bleeding in early pregnancy. This shows that even with careful history taking a hysteroscopy may inadvertently be performed in early pregnancy. Other similar case reports have shown that using a vaginoscopic technique without any cervical dilatation is associated with a better outcome. Duty of candour was given to the patient and a Datix report was submitted.



Gestation sac seen at hysteroscopy

USS Gestation sac measuring 8 weeks with small 22mm ECH

References:

1. Zhao CY, Ye F. Live birth after hysteroscopy performed inadvertently during early pregnancy: A case report and review of literature. World J Clin Cases. 2018 Oct 26;6(12):559-563. doi: 10.12998/wjcc.v6.i12.559. PMID: 30397614; PMCID: PMC6212613.
2. Assaf A, Gohar M, Saad S, el-Nashar A, Abdel Aziz A. Removal of intrauterine devices with missing tails during early pregnancy. Contraception. 1992 Jun;45(6):541-6. doi: 10.1016/0010-7824(92)90105-3. PMID: 1617963.