

A ruptured ectopic pregnancy after sterilisation – never forget a urine pregnancy test!

Authors: A. Monk, P. Dann, K. Sieunarine, C. Cuckson

Kettering General Hospital, University Hospitals of Northamptonshire NHS Group

Objective:

A case report of a ruptured ectopic pregnancy post sterilisation, highlighting the importance of checking pregnancy status in any pre-menopausal woman, regardless of contraceptive method.

Ruptured ectopic pregnancies are the most common obstetric cause of maternal death in the first trimester, so early and accurate diagnosis is essential for reducing morbidity and mortality.

Discussion:

Tubal ligation is an effective form of contraception, with a recognised failure rate (higher when performed at Caesarean section). Thorough counselling and appropriate consenting for the sterilisation informs patients of this risk.

Tubal lumen regeneration can occur despite correct surgical technique of bilateral tubal ligation and by two methods:

1. Tuboperitoneal fistula formation
2. Spontaneous tubal recanalization - when the separated ends of fallopian tube re-join.

Case report:

- A 45-year-old lady presented to A&E with RUQ pain, nausea and vomiting. She had previously had a bilateral tubal ligation performed at her last Caesarean section.
- On initial assessment, her observations were stable and abdominal examination revealed epigastric tenderness and positive Murphy's sign.
- She was admitted under the surgeons with a working diagnosis of cholecystitis, awaiting abdominal ultrasound. Due to weekend imaging unavailability, a CT scan was performed the next day reporting haemoperitoneum of unclear cause. The radiologist recommended to discuss the findings with the Gynaecology team.

Gynaecological review:

- A prompt Gynaecology review performed a urine pregnancy test, which was positive. Examination revealed a peritonitic abdomen and hypotension, which correlated with the CT findings.
- She was consented and booked for an emergency laparoscopy with a suspected ruptured ectopic pregnancy

Laparoscopic findings:

- A ruptured right tubal ectopic pregnancy with haemoperitoneum.
- A laparoscopic right salpingectomy and peritoneal washout was performed and she required 2 blood transfusions intra-operatively.

CT – not the usual way to diagnose an ectopic pregnancy



Figure 1: CT image showing haemoperitoneum of unclear cause.

Local learning from this case

Highlighted how omitting a bedside urine pregnancy test increased patient morbidity, delayed treatment and compromised patient safety.

Discussed the different techniques used for female sterilisation, prompting reflection for surgical staff.

Prompted discussion about how a CT scan performed on this pregnant patient, facilitated the diagnosis and prompted the onward speciality review and required management, but raised concern about radiological safety.

Emphasised how multidisciplinary communication is essential for timely diagnosis and optimal patient care.

Conclusion:

Ruptured ectopic pregnancies commonly present with an acute abdomen. Whilst the differential diagnosis is not limited to Gynaecological causes, missing the diagnosis of ectopic pregnancy can contribute to increased morbidity. Urine pregnancy tests are cheap and results immediate; hence these are crucial in the initial assessment of potential ectopic pregnancy cases.