



OBJECTIVE

The risk of displacing a fertilised embryo beyond the uterus with hydrodilation during hysteroscopy has been theorized (1), but never reported. We present a rare case of an ovarian ectopic three weeks post-hysteroscopy.

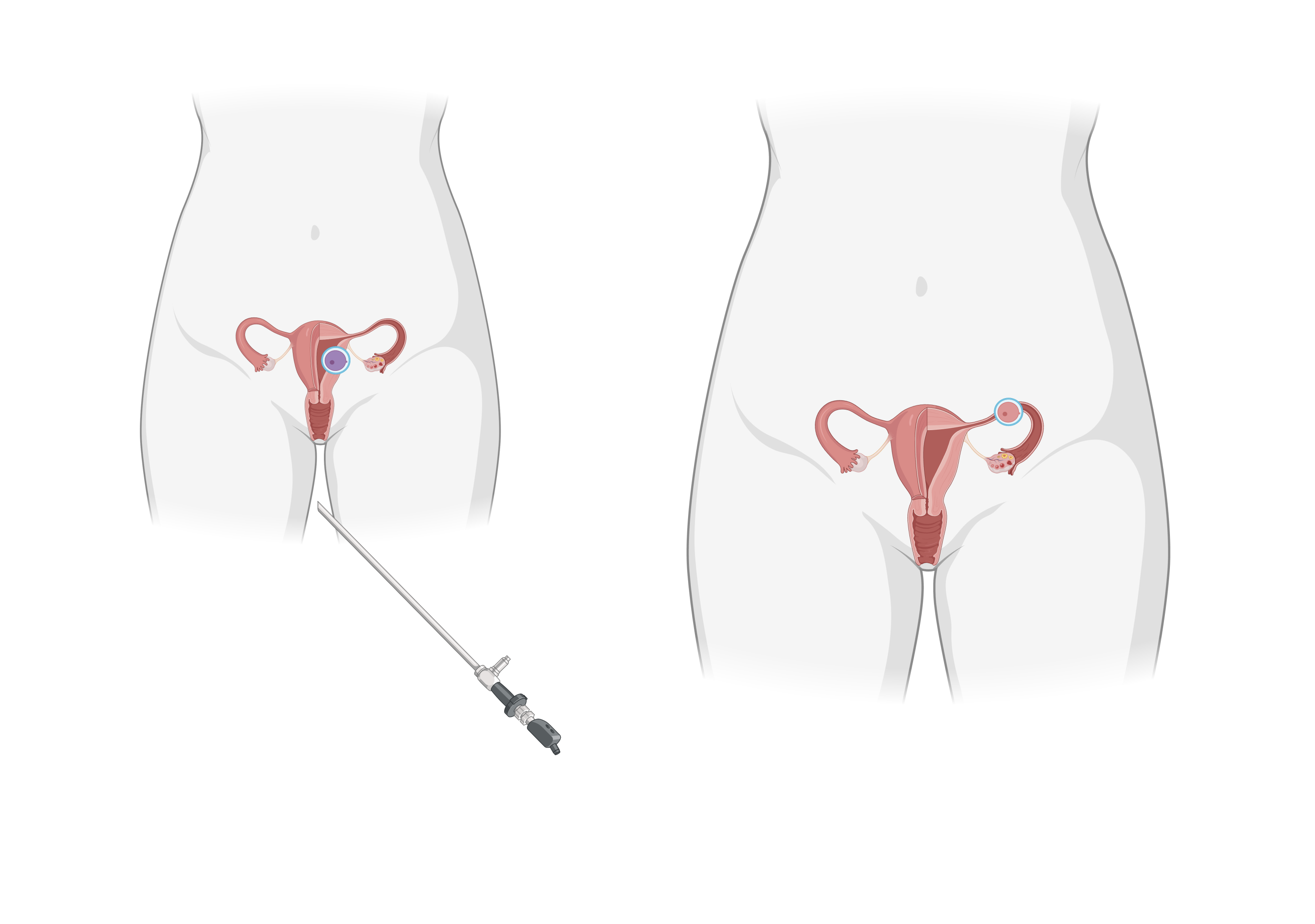


FIGURE 1: The concept of a fertilised embryo being displaced from the uterus by hysteroscopic water pressure has been theorized (1), but never reported. [Figure created using Biorender].

ACKNOWLEDGEMENTS

Thank you to the patient for her kindness in allowing us to report this case.

CASE REPORT

A 36-year-old multiparous woman presented with a four-month history of intermenstrual bleeding. She had a copper intrauterine contraceptive device (IUCD) in situ at the time of presentation. A transvaginal ultrasound revealed two well-defined masses suggestive of endometrial polyps. She subsequently underwent hysteroscopy, polypectomy and replacement of IUCD. Three visualised polyps were resected using a bipolar saline resectoscope. The IUCD was removed and replaced with an Intrauterine System (IUS). Her last menstrual period was twenty two days prior to the procedure.

Twenty one days later, she presented to the emergency department with abdominal pain, and a beta-hCG of 3271 . A transvaginal ultrasound demonstrated a right-sided echogenic adnexal mass measuring 83x83x19mm , which was a suspicious of an ovarian ectopic pregnancy. The IUS remained in situ.

She was taken to theatre as an emergency for a diagnostic laparoscopy. Due to difficult visualisation despite suction, as there was significant bleeding with a 1.5 litre haemoperitoneum; laparotomy was undertaken. The right ovary was enlarged by a 2cm protrusion of products of conception. The ovarian ectopic was removed from the right ovary and haemostasis was achieved using diathermy. She recovered well post-operatively and histopathology confirmed products of conception.

DISCUSSION

The Royal College of Obstetricians and Gynaecologists patient information leaflet ‘Outpatient Hysteroscopy’ (2) advises that prior to hysteroscopy, ‘it is important to use contraception or avoid sex between your last period and your appointment.’ There is no such guidance for hysteroscopy under anaesthesia.

Outpatient hysteroscopy

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This information is for you if you have been offered hysteroscopy as an outpatient.

Do I need to use contraception?

The procedure must not be performed if there is any chance that you are pregnant. To avoid this possibility, it is important to use contraception or avoid sex between your last period and your appointment. You may be offered a urine pregnancy test on arrival at your appointment.

FIGURE 2: Screenshot of RCOG Guidance for Outpatient Hysteroscopy (2)

CONCLUSIONS

This case demonstrates the risk of iatrogenic ectopic post-hysteroscopy, and highlights the necessity to ensure patients abstain from sexual intercourse prior. We suggest that this recognised recommendation for outpatient procedures should be extended to hysteroscopy under general anaesthetic.

REFERENCES

- Panelli DM, Phillips CH, Brady PC. Incidence, diagnosis and management of tubal and nontubal ectopic pregnancies: a review. Fertility Research and Practice. 2015;1(1).
- Gynaecologists RCoOa. Outpatient Hysteroscopy [Available from: <https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/outpatient-hysteroscopy/>].