

RUPTURED ECTOPIC PREGNANCY ON LONG-ACTING CONTRACEPTIVE USE (LARC) ON THE 6TH YEAR OF USE

A CASE REPORT

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INTRODUCTION

The intrauterine system (IUS) provides effective contraception for over five years, significantly reducing the risk of intrauterine pregnancy. However, it does not completely prevent the occurrence of ectopic pregnancies.

CASE REPORT

A 39-year-old woman, gravida 3 para 3+1, with a history of one caesarean section and two vaginal deliveries, presented to the emergency department with sudden abdominal pain and an episode of fainting. She had been using a Mirena IUS for contraception for five years, and the device was confirmed to be in the correct position upon examination. A bedside ultrasound revealed free fluid in the abdomen, and a urine pregnancy test was positive, raising suspicion of a ruptured ectopic pregnancy. The patient was resuscitated and underwent a laparoscopic left salpingectomy, during which the ruptured fallopian tube was removed. Approximately 900 ml of intraperitoneal blood was evacuated. Histological examination confirmed an ectopic pregnancy in the left fallopian tube. The patient’s haemoglobin level was recorded at 96 g/L. Cultures from the IUS showed the presence of Staphylococcus aureus, which was sensitive to cloxacillin and doxycycline. Postoperatively, her beta-hCG levels dropped from 913 IU/L to 31 IU/L and became negative within three weeks.

DISCUSSION

The IUS is a highly effective contraceptive method, with a failure rate of 0.1–0.2%. However, it does not eliminate the risk of ectopic pregnancy. Such pregnancies can be overlooked or misdiagnosed due to the presence of the IUS. Several factors may contribute to ectopic pregnancy in IUS users:

1. Tubal Irritation: The IUS may irritate the fallopian tubes, preventing a fertilized egg from reaching the uterus, leading to implantation in the tube.
2. Infection: The insertion of an IUS can introduce pathogens into the uterine cavity, potentially causing infections that increase the risk of ectopic pregnancy. In this case, Staphylococcus aureus was identified.
3. Tubal Dysfunction: The IUS can alter tubal motility, increasing the likelihood of tubal implantation.

Studies suggest that the risk of ectopic pregnancy is 2.94–4.5 times higher in IUS users compared to non-users, despite a low overall pregnancy rate. In this case, multiparity, prolonged IUS use, and infection likely contributed to the ectopic pregnancy.

CONCLUSION

This case emphasizes the need to consider ectopic pregnancy in women with long-term IUS use presenting with acute abdominal symptoms. While IUS devices are highly effective in preventing intrauterine pregnancy, they do not eliminate the risk of ectopic gestation. Increased awareness ensures timely diagnosis and management.