wjpmr, 2023,9(6), 01-03

SJIF Impact Factor: 5.922

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

Case Report

ISSN 2455-3301

WJPMR

EXTRA-UTERINE PREGNANCY ON INTRA-UTERINE DEVICE: A CASE REPORT

***Wissal Zahir, Chaimaa Nadim, Nehad Mohammed Ali, Anass Ansari, Samir Bargach**

Department of Obstetrics and Gynecology, Cancerology and High Risk Pregnancy, Souissi Maternity Hospital Rabat, Morocco.

***Corresponding Author: Wissal Zahir**

Department of Obstetrics and Gynecology, Cancerology and High Risk Pregnancy, Souissi Maternity Hospital Rabat, Morocco.

Article Received on 29/03/2023 **Article Revised on 19/04/2023** **Article Accepted on 09/05/2023**

ABSTRACT

We present the observation of a patient with an intrauterine device consulting for left pelvic pain with minimal blackish metrorrhagia on amenorrhea of 10 weeks. The pelvic ultrasound was in favour of a left ampullary pregnancy. Diagnosis confirmed at exploratory laparotomy.

KEYWORDS: Intrauterine device, Ectopic pregnancy, Risk.

INTRODUCTION

The occurrence of pregnancy in a woman with an intrauterine device as contraceptive is rare. Expressed by the PEARL index, the failure rate of this contraceptive method varies between 0.3% and 3% depending on the performance of the device, regardless of the location of egg implantation.[1,2,3] The most serious but exceptional location of implantation is ectopic. Users of the intrauterine device are 50% less likely to have an ectopic pregnancy than women who do not use contraception.[3] But the probability of an intrauterine device wearer having an ectopic pregnancy is 88%.[4] Histological tubal changes favorable to ectopic pregnancy are mostly encountered with copper IUDs.[5]

OBSERVATION

This is a 36-year-old patient, G3P2 (2 live children delivered vaginally), married, with a copper IUD for 2 years, who consulted the obstetric emergency room for pelvic pain lateralized to the left with a small amount of bleeding over an amenorrhea of 10 weeks.

The admission examination noted

BP = 100/60 mm Hg, Heart rate = 98 bpm, temperature at 37 ° C.

A soft abdomen.

At the speculum: a macroscopically healthy cervix; minimal metrorrhagia of endo uterine origin made of blackish blood. The marking wires of the intrauterine device were visible.

On vaginal examination: a long posterior cervix softened and closed; a uterus of subnormal size and sensitive; a very sensitive left adnexal mass, more or less soft, filling the left lateral cul de sac.

A pelvic ultrasound (Figure 1) showed a left latero-uterine mass measuring 49.8 mm × 33.4 mm with a positive cardiac activity embryo.

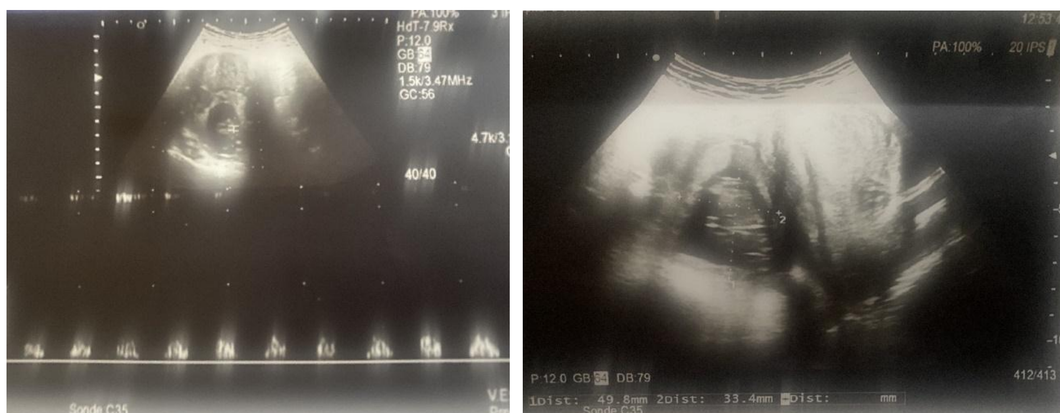

Figure 1.

The diagnosis of an extra uterine pregnancy was suspected, hence the indication for an emergency exploratory laparotomy, which showed periannexal and posterior uterine adhesions and a left ampullary pregnancy of 5 cm long axis (**Figure 2**).

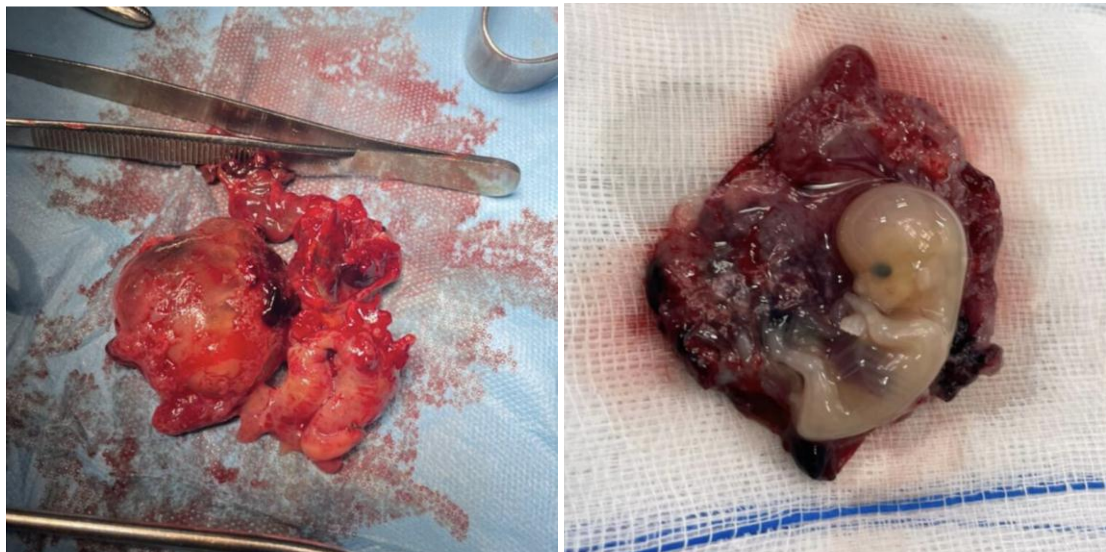

Figure 2.

An adhesiolysis was performed with a left salpingectomy.

The postoperative course was simple.

DISCUSSION

Amenorrhea on the intrauterine device is a rare phenomenon. However, episodes of bleeding and pelvic pain are frequent.[5,1,3] They make the differential clinical diagnosis of ectopic pregnancy complex with the other complications related to the intrauterine device, including infection, which is, moreover, the main factor promoting ectopic pregnancy.[5,1,6]

The infectious process is aggravated by functional and dynamic alterations of the tube, such as the phenomena of cellular deciliation generated by intrauterine devices.[5,7,4,6] The deciliation of the tubal epithelium would favour the squamous localisation of tubal pregnancies on IUDs.[6]

Also, women who use the intrauterine device are about twice as likely to have pelvic inflammatory disease as women who do not use contraception.[3] This pelvic inflammatory disease is more common during the first 3 months after insertion, which can lead to other complications such as ectopic pregnancy.[2] Thus ectopic pregnancy, due to the delay in the transport of the egg from the place of fertilization to the uterus, is in the majority of cases the consequence of the infection.[2] This notion illustrates our observation in view of the multiple adhesions identified, witnessing episodes of pelvic inflammatory disease.

AUDEBERT.[5] and DUBUISSON.[7] concluded that the antinidatory action of the intra-uterine device in the uterine cavity and the changes in the histological structure of the endometrium would be predisposing factors for ectopic pregnancy.

For FERNANDEZ.[4] wearing an IUD at the time of conception is responsible for 2.5% of ectopic pregnancies. ORY[8] found that among women on contraception, those with an IUD have 3 times the risk of an ectopic pregnancy than those on the pill. The intrauterine device (IUD) is not a risk factor for ectopic pregnancy (EP), but it is less effective in preventing EP than intrauterine pregnancy. And the risk of ectopic pregnancy does not depend on the type of intrauterine device. Regardless, the possibility of ectopic pregnancy should be considered in any woman who becomes pregnant with an intrauterine device.

CONCLUSION

Amenorrhea on an intrauterine device in a previously well-adjusted woman should act as a warning sign to which users' attention should be drawn. Thus, correctly informing an IUD wearer must allow early diagnosis of ectopic pregnancy before rupture, which is not without vital and therapeutic consequences.

Aseptic precautions during insertion of the intrauterine device are a preventive measure.

REFERENCES

1. ERNY R. - ERNY N. - NOIZET A. Régulation des naissances. Encycl. Méd. Chir. (Paris), Gynécologie, 1984; 738A: 10, 12, 26.
2. FAMILY HEALTH INTERNATIONAL. Network en français, Oct. 1987; 6(3).

3. Population report: Nouveau regard sur le D. I. U. B-5. Population Information Program, Center for Communication Programs. The Johns Hopkins University, Baltimore, 1988.
4. FERNANDEZ H. - COSTE J. - JOB-SPIRA A. - PAPIERNIK E. Facteurs de risque de la grossesse extra-utérine. Etude de cas - témoins dans 7 maternités de la région parisienne.
5. AUDEBERT A. J. M. - COHEN J. La contraception endo-utérine en. Données pratiques. Mises à jour en Gynécol. Obstét. - Collège Nat. des Gynécol. Obstét. Fr., 1985; 9: 331 - 381.
6. POULY J. L. - CHAPRON C. - CANIS M. - MAGE G. - WATTIEZ A. - MANHES H. - BRUHAT M. A. Grossesses extra-utérines sur stérilet. Caractéristiques et fertilité ultérieure. J. Gynécol.Obstét. Biol. Reprod, 1991; 20: 1069 - 1072.
7. DUBUISSON J. B. La grossesse tubaire. Mises à jour en Gynécol. Obstét. Collège Nat. des Gynécol. Obstét. Fr., 1981; 5: 95 - 117.
8. ORY H. W. Ectopic pregnancy and intra-uterine contraceptive device : new perspectives. J. Obstét. Gynécol, 1981; 57: 137 - 144.