

# “Against the Odds: Managing Rupture Ectopic Pregnancy Post-Tubal Ligation

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## INTRODUCTION

Bilateral tubal ligation (BTL), or female sterilization is an effective and safe method for permanent contraception. The probability of ectopic pregnancy occurring is increased when pregnancy occurs after sterilization. Ectopic pregnancies pose a significant risk as they can result in a ruptured fallopian tube, causing severe bleeding that may become life-threatening if not treated promptly.

## CASE DESCRIPTIONS

A 39 years old lady, has bilateral tubal ligation done 5 years ago, presented to our center with one week history of suprapubic pain. She has no per vaginal bleeding neither an episode of amenorrhea. Per abdominal examination reveal tenderness over lower abdominal region with stable hemodynamic parameters. Her urine pregnancy test (UPT) turned up positive thus a bedside scan done which showed free fluids at Morrison Pouch and Pouch of Douglas. Extrauterine gestational sac can be seen with fetal pole corresponding to 6 weeks size. Patient was then subjected for emergency laparotomy and salpingectomy. Intraoperatively, noted hemoperitoneum with 200ml of volume estimation. Extrauterine gestational sac with fetus seen at the remnant of the right Fallopian tube with fimbria end. Proceed with total right salpingectomy. Post operatively, patient was stable and discharged well.

## DISCUSSION

The failure rate of BTL is typically around 0.5%, meaning that about 1 in 200 women may become pregnant after the procedure. Healthcare professionals should remain vigilant and consider ectopic pregnancy as a potential diagnosis in women of reproductive age who present with lower abdominal pain and amenorrhea, even if they have undergone tubal sterilization. Women with bilateral tubal ligation should be informed about the rare possibility of failure and advised to seek prompt medical attention if they experience symptoms or signs indicative of pregnancy.



## CONCLUSION

Early detection and suspicion of ectopic pregnancy in women of reproductive age post BTL is cardinal as it requires prompt action and intervention to prevent adverse outcome for patient.

### References:

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