

# Ectopic pregnancy 13 days after endometrial ablation with concomitant sterilization

M Yilmaz<sup>1</sup>, P Shobanan<sup>1</sup>

1. Bendigo Heath, Bendigo, Victoria

Correspondence: myilmaz@bendigohealth.org.au

## Background

Pregnancy is contraindicated after endometrial ablation procedures. It has been associated with a range of adverse outcomes ranging from miscarriage and ectopic pregnancy, to preterm delivery, placental adhesive disorders and caesarean hysterectomy in ensuing pregnancies<sup>2,3</sup>. Pregnancy has been reported as early as 5 weeks after endometrial ablation<sup>4</sup>. Effective contraception is recommended to women undergoing this procedure. The incidence of pregnancy after endometrial ablation with tubal ligation is low, estimated at 0.002 per cent<sup>4</sup>.

## Case

A 38 yo female underwent treatment for menorrhagia in our unit with a NovaSure endometrial ablation. A concurrent laparoscopic left sided tubal ligation with filschie clip was performed after counselling, for sterilization. She had a history of right salpingectomy for ectopic pregnancy many years prior. Pre-operatively she underwent screening for pregnancy with a urine bHCG which was negative. 13 days later she presented to our unit with a bHCG of 2117 and suspicion of a left tubal ectopic pregnancy on ultrasound scan. She denied having intercourse since her ablation. After a decision for surgical management, a second laparoscopy revealed a ruptured left tubal ectopic pregnancy, distal to the filschie clip, and a left salpingectomy was performed.



*Appearance of left fallopian tube at time of tubal ligation*



*Intra-operative findings at repeat laparoscopy with ruptured ectopic pregnancy present distal to filschie clip*



## Discussion

This is the first reported case of pregnancy within 2 weeks of endometrial ablation with sterilization. This case highlights the importance of clinicians remaining vigilant regarding risk of pregnancy after endometrial ablation with a concomitant sterilization procedure and discussing this risk in the pre-operative consent process.

Urinary bHCG is used to screen for pregnancy prior to elective gynaecological surgery in our health service. Although most manufacturers of qualitative urine human chorionic gonadotropin claim to detect hCG levels as low as 25mIU/ml, it has been demonstrated that only 2 out of 6 home testing kits and 1 out of 2 commonly used professional kits achieved this detection limit<sup>5</sup>. One review of 98 patients with confirmed ectopic pregnancy reported 5.1% of patients had a negative urinary pregnancy test however subsequently required surgical management of ectopic pregnancy<sup>4</sup>. Although rapid and convenient, clinicians should remain aware of the risk of false negatives with urine HCG alone.

1. Kohn et al. Pregnancy after endometrial ablation: a systematic review. BJOG, 2018 Jan; 125(1):43-53
2. Bauer et al. Pregnancy Outcomes after Endometrial Ablation in a Multi-institutional Cohort. Am J Perinatol. 2018 Aug; 35(10): 931-935.
3. Chowdary et al. Is NovaSure endometrial ablation the safest surgical treatment for heavy menstrual bleeding or is it just a delayed difficult hysterectomy? O&G Magazine, 2017; Vol. 19. No. 4
4. Aboud, E. A Five Year Review of Ectopic Pregnancy. Clin. Exp. Obstet. Gynecol., 1997;24 (3) 127-9
5. Nickmans et al. Performance of qualitative urinary hCG assays. Acta. Clin. Belg, 2014 Aug; 69(4): 277-9