

Case Report: Ruptured tubal ectopic pregnancy following a misplaced IUD subsequently located intra-abdominally on Laparoscopy

Nagusha Rachagan¹, Cheah Mak¹

¹ Department of Obstetrics & Gynaecology, Peninsula Health

Objective To improve IUD uptake by reducing unwanted and potentially life-threatening complications including ectopic pregnancies

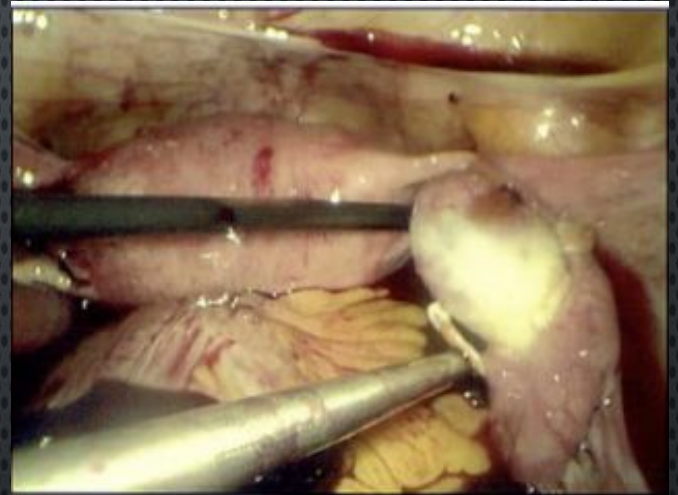
Background

Ruptured ectopic pregnancies in presence of intra-abdominal IUD are rare occurrences and potentially life-threatening. Migration of IUDs post insertion is poorly understood and if not well followed-up, may result in failure of contraception and increased likelihood of ectopic pregnancy

Case

30 yo multiparous woman (G3P2) presented to Emergency Department (ED) with signs and symptoms of ruptured ectopic pregnancy.

Her history was significant for Mirena insertion 2 years ago which was a reportedly difficult insertion. Due to COVID, string check was not performed at 6 weeks post insertion.



Results

History was significant for symptoms of anaemia and abdomen was peritonitic on examination. Speculum examination revealed small volume PV bleeding and missing strings. Bedside Ultrasound in ED revealed free fluid in the splenic flexure.

She was consented for a diagnostic laparoscopy and treatment of salpingectomy which confirmed the clinical suspicion of a ruptured left tubal ectopic and an embedded Mirena in the contralateral tube.

A left salpingectomy was performed, and Mirena removed from the intra-abdominal cavity. She made an uneventful recovery, requiring a unit of blood transfusion post-operatively. Alternative contraception was considered following failure with Mirena as contraception.

Discussion A misplaced IUD could result in ectopic pregnancies. Follow up in this case was affected due to the pandemic. Importance of follow up should not be underestimated and ignored with strings checked at six weeks. Alternatively, a pelvic scan could confirm position, especially where insertion has been difficult