

PREGNANCY FOLLOWING TUBOPLASTY

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INTRODUCTION

Tuboplasty is a delicate procedure and essentially should be done under an operative microscope. The success rate of even micro surgically connected tubes is not promising. The pregnancy rate is 30%. With both microscopic and macroscopic technique, where reanastomosis is done, evidence suggests that the technique, by which tubal ligation is done is reflected in ultimate pregnancy rate. Thus tubal interruption by cautery and fallope ring carries an ultimate pregnancy rate inferior to that of interruption by clips or bands, because the length of the residual tube is less with cautery and rings. The out come also depends upon diagnosis, clinical material, operative technique and presentation of end results, for example presenting the results after follow up of one year is not sufficient. It depends upon the cumulative pregnancy rate per month of year of exposure.⁶

Case presented is pregnancy following recanalization of the fallopian tubes after she had a previous tubal ligation. Though the pregnancy ended up in a dead fetus and partial mole but it proved success of the recanalization procedure.

CASE REPORT

The patient was referred for recanalization of the fallopian tubes. She had tubal liagation in 1991 with caesarean section. She had 4 living children at the time of C.

Section which became 5 with one birth by C. Section. But her child died in the neonatal period and one other girl died soon afterwards. So she had three children left and the only one male, who was mentally retarded. She was desperate for a child and was also feeling of guilt for giving the consent for tubal ligation.

Looking at her condition it was decided to give her a chance. She was counselled, all the consequences and success and failure rates and the risk of ectopic pregnancy were explained to her.

Diagnostic laparoscopy was performed to have a look at the tubes. She had a laparotomy for recanalization in February 1996.

On opening the abdomen there were few fine adhesions between the scar in the uterus, bladder and omentum. Adhesion separated a easily. The blocked ends of the tubes were cut and threaded with a nylon thread. One end of which was introduced into the Uterine Cavity, while the other end was brought into the peritoneal cavity through the fimbrial ends. Reanastomosis was done with 2."0" vicryl keeping the nylon threads in place. Homeostasis was secured and abdomen closed after washing the peritoneal cavity. Antibiotics were given with induction and postoperatively to control infection. Steroids to prevent inflammation and adhesions. No hydrotubation was done. Patient was allowed home on 5th day

after removal of stitches the abdominal nylon thread was removed after month follow up visit, she was allowed marital relation. She was lost to follow up after this but turned back after one year with a pregnancy but on routine ultrasound the pregnancy was found to be a dead fetus with partial mole so induction followed by expulsion of fetus was done.

DISCUSSION

Recanalization of the fallopian tube is a surgical procedure carried out in patients desiring conception where the only cause of infertility in the couple is tubal blockage.¹ Tubal blockage can be due to some congenital defect, following a disease process like endometrioses, pelvic inflammatory disease, adhesions, chronic infections like tuberculosis or blockage following tubal ligation using clips, rings, stitches, cauterization etc. Conception following recanalization in a well chosen case is hardly 30% and if conception occurs, ectopic pregnancy rate is high. Pregnancy may get implanted in the scar itself.³

There are many other factors which affect the out come of the procedure. One is the technique itself, Micro surgery is better if available, then experience of the surgeon, Aseptic Techniques used, occurrence of adhesion later on,⁴ length of the tube left,⁵ motility of the cilia in the tubal mucosa any other pathology in the tube and any other pathology which can affect the fertility in the couple. So cases should be well chosen and couples should be properly counseled and if tubal ligation is done it should only be done, when the couple really

wants permanent method of sterilization as it has been seen that patients when forced, suffered mental and physical problems later on and in one way or other want to conceive again and then there are many alternate methods available for family planning. So it should be the one which the couple selects and not the one imposed upon them.

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