Nearly impossible but it just happened!

Dilemmas in managing termination of pregnancy following endometrial ablation

Case Report

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Introduction

Endometrial ablation is an effective method of managing heavy menstrual bleeding unresponsive to medical treatment in women who no longer wish to become pregnant.

Successive treatment significantly improves menstrual blood loss as well as better quality of life. In most cases, menstruation ceases and thus some patients may not continue with contraception.

Pregnancy is possible though very rare event with reported incidence 0.24 - 0.7%.[1,2]

Most women elect to terminate such pregnancy. This brings into question which treatment to offer and what problems to anticipate.

Clinical description

Presentation:

The patient, age 39, (G3P2) presented to Emergency Department with acute onset of lower abdominal and shoulder tip pain. Her urinary pregnancy test was positive. The Nova Sure endometrial ablation had been carried out 8 months earlier after which the patient became amenorrhoeic. Despite recommendations no contraception was used.

Medical history included treatment for CIN III, multiple fibroids, scoliosis, anxiety and panic attacks. Insertion of Mirena® IUS was declined following unsuccessful medical management for menorrhagia. Her BMI was 40.4.

Management:

- Initial diagnosis of heterotopic pregnancy was excluded by serial HCG measurements and ultrasound scans, confirming a viable intrauterine pregnancy of 6 weeks
- The patient opted for a medical termination of her pregnancy with Mifepristone and Misoprostol, which was unsuccessful but resulted in the absence of a fetal heart beat on ultrasound.[Fig.1]
- Following failure of a medical treatment, she requested a surgical procedure. This was impossible to carry out, even with the assistance of an ultrasound scan and a hysteroscopy under general anaesthetic, due to intrauterine adhesions.[Fig.2,3]
- Consequently, the failed pregnancy was managed conservatively and monitored by HCG levels.[Table1] The use of Methotrexate was contemplated but due to the steady decline in levels proved to be unnecessary
- The Nexplanon® implant was subsequently provided as contraception.

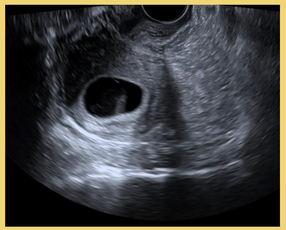
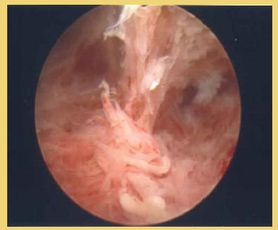


Fig. 1. Intrauterine pregnancy at uterine fundus



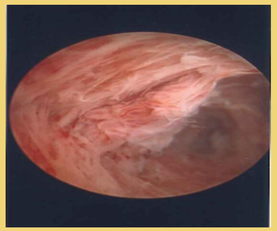


Fig. 2,3. Hysteroscopy under USS guidance

Date	HCG level
Day 1	28900
Day 14	4180
Day 28	302
Day 90	<1

Table 1. HCG level following surgical procedure

Discussion

Pregnancy after endometrial ablation, regardless of which technique is used, can be associated with grave complications including maternal death[2] whether woman choose to continue with pregnancy or terminate it.[1,2]

Little information is available concerning the difficulties in terminating such pregnancies.

Our management changed in response to the problems encountered during the process, but the patient's safety was always the absolute priority.

Serious complications described in pregnancies following the endometrial ablation highlight the necessity of adequate counselling about the effective contraception before the procedure and should include information about long lasting reversible contraception [Fig. 4,5,6] and sterilisation[Fig.7] . It also underlines the importance of offering the use of Mirena® IUS as a primary treatment for heavy menstrual periods.

Fig. 4

Fig. 5

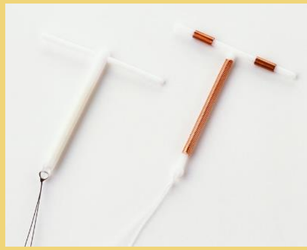


Fig. 6

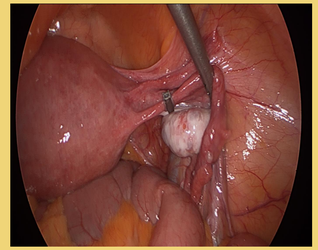


Fig. 7

Conclusion

- Termination of a first trimester intrauterine pregnancy, following endometrial ablation, may be managed by either medical or surgical intervention
- The choice of strategy will depend on patient preference, although cervical stenosis and/or intrauterine adhesions may limit the effectiveness of these methods
- We strongly recommend the provision of appropriate contraception at the time of endometrial ablation
- Mirena® IUS insertion for treatment of menorrhagia should be encouraged prior to discussion about endometrial ablation

References

1. Chang-Sheng Yin. Pregnancy after hysteroscopic endometrial ablation without endometrial preparation: a report of five cases and literature review. TJOG. 2010 Sept, 49(3), 311-319

2. P.-Y. Laberge. Serious and deadly complications from pregnancy after endometrial ablation: Two case reports and review of the literature. Journal de Gynécologie Obstétrique et Biologie de la Reproduction. 2008 Oct. 37(6), 609-613