

FAILED BILATERAL TUBAL LIGATION;  
A RARE BUT REAL PHENOMENON – CASE REPORT.

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**ABSTRACT**

**Background:** Female sterilization by tubal ligation is the most commonly used method of fertility regulation world with over 190 million couples using it. All methods of tubal sterilization can fail but some sterilization methods have lower failure rates than others

**Case report:** We report a 39-year-old grandmultipara who presented with an ongoing pregnancy 7 years after bilateral tubal ligation done during an emergency caesarean section.

**Conclusion:** Failure after surgical tubal ligation although rare, can still occur especially in tubal ligation done at caesarean section.

**Keywords:**

**INTRODUCTION**

Female sterilization by tubal ligation is the most commonly used method of fertility regulation world with over 190 million couples using it.<sup>1,2,3</sup> Female sterilisation prevents pregnancy by disruption of tubal patency through various ways; surgical cutting and ligation, mechanical blocking using clips or rings, electrical coagulation. The tubes also may be blocked by a fibrotic reaction induced by chemicals or micro inserts.<sup>4</sup>

All methods of tubal sterilization can fail but some sterilization methods have lower failure rates than others. Sterilisation failure may be the result of conception occurring before the procedure, incomplete occlusion or the formation of fistulas.<sup>5</sup>

Failure after surgical tubal ligation is rare and the crude failure rate ranges from 0.2%-1.3%,

with highest failure rate in tubal ligation done at caesarean section or immediate postpartum.<sup>3,6,7</sup> Pregnancy after tubal ligation is often associated with significant morbidity due to delay in diagnosis and management and 15-33% will be ectopic pregnancies.<sup>7,8</sup> We report a case of a grandmultipara who had caesarean bilateral tubal ligation that failed

**CASE REPORT**

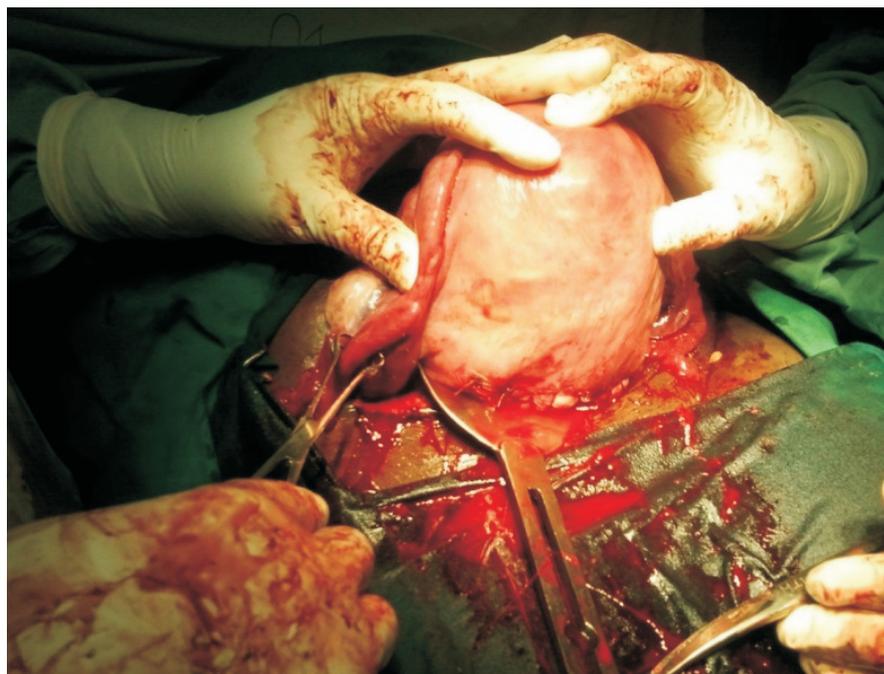
A 39 year old G<sub>8</sub>P<sub>7</sub><sup>+0</sup> 7 alive, presented to the gynaecological clinic with complains of amenorrhea for 3 months. Her last childbirth was 7 years earlier via an emergency caesarean section because of failed induction of labour for postdatism during which she also had bilateral tubal ligation via modified Pomeroy method. Urine pregnancy test done was positive and the patient was worried about the site of pregnancy. An ultrasound scan done revealed a live singleton intrauterine pregnancy at 13

weeks 3 days (Figure 1). She was reassured that pregnancy was intrauterine and advised to come for booking. She subsequently booked the pregnancy at 25 weeks with normal booking parameters. She was regular with her antenatal visits and pregnancy remained uneventful until 38 weeks when the fetus was noticed to be presenting breech. She had a successful external cephalic version done but the fetus reverted to breech presentation because of which she was delivered by elective caesarean section of a live female neonate

weighing 3.3kg at 39 weeks of gestation. Intraoperative findings were that of mild pelvic adhesions, recanalised right tube, ligated left tube (figure 2), and normal ovaries. She had both tubes ligated by parkland method and in addition, fimbriectomy was done on the right tube. Histology confirmed that the tissues were segments of fallopian tube. She had an uneventful postoperative period and was discharged home with her baby on the 5<sup>th</sup> day. She also had an uneventful postnatal visit.



**Fig. 1:** USS showing an Intrauterine Gestation



**Fig. 2:** Recanalised right Fallopian tube

## DISCUSSION

Several studies shows that most tubal ligations done in resource limited areas are done during an operative procedure like caesarean section or repair of ruptured uterus,<sup>1,6-8,11-13</sup> as was done in the case presented. While counseling for tubal ligation during an emergency caesarean section is considered inappropriate, it is considered unwise not to offer tubal ligation to selected group of women at the time of emergency caesarean section in our environment.<sup>3,11-13</sup> This is in an effort to avert future obstetric complications that can be catastrophic and a study done in Zimbabwe showed that 89.4% of the women offered tubal ligation during emergency caesarean section were happy that they had it done while 64.1% of those not offered considered it a missed opportunity.<sup>14</sup>

Mechanical methods of tubal occlusion are more likely to fail compared with tubal excision/separation techniques such as Pomeroy's method and its modification.<sup>10,14</sup> And pregnancy after tubal ligation is rare and is more likely to occur after tubal ligation done at caesarean section or immediate postpartum as was the case in this patient<sup>3,8,9</sup> compared with interval sterilization. Sterilization failure is also more likely to occur when done between 28-33 years compared to 34 years and more failures occur 5-10 years after the procedure compared to the first 2 years.<sup>10</sup> The case we report here was 32 years old at the time of tubal ligation and became pregnant 7 years after the bilateral tubal ligation. The failure can occurs due to either fistula formation or tubal recanalisation.<sup>14</sup> Right tubal recanalisation was the reason for the failure in the patient report here.

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