



Introduction

Female sterilisation prevents pregnancy by occluding or disrupting tubal patency so that the ovum cannot reach the uterus. It is accepted as an effective method and practicing worldwide.

Case Description

Age	38 years
Gravida	5
Parity	3+1
Past Obstetrics and Gynaecological History	Two previous lower segment caesarean sections and bilateral tubal ligation was done 5 years ago
Period of amenorrhoea	8 weeks
Symptom	Pain in right iliac fossa for 3 days
Vaginal examination	Cervical excitation was positive
Pregnancy test	Urine pregnancy was positive
Ultrasound findings	gestational sac with foetal cardiac activity at right corner of uterine cavity and foetus of crown rump length corresponded to 8 weeks of pregnancy
Diagnosis	Ectopic pregnancy
Operative findings	Right cornual ectopic pregnancy Previous bilateral tubal ligation stumps were seen
Procedure	Cornual wedge resection and bilateral tubal salpingectomy

Discussion

Bilateral tubal ligation has the advantage of immediate effective contraception, but there is a small but definite incidence of failure. Failure rate ranges from 0.2% to 1.3%. If a pregnancy results from a failed female sterilization, the possibility of an ectopic pregnancy is about 15% to 33%. Evidences showed the failure rate is highest when the procedure is performed during caesarean section and puerperium. Therefore, couples should be informed about chances of failure and medical attention should be taken if there is suspicious of pregnancy to avoid delayed diagnosis and management.

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