Laparoscopic Management of an Intrauterine Fallopian Tube Incarceration After Curettage for a Non-progressing Pregnancy

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Margaux F. Camus, Pauline Chauvet, Constance Hordonneau, Anne-Laure Lafaye, Michel Canis, et al.. Laparoscopic Management of an Intrauterine Fallopian Tube Incarceration After Curettage for a Non-progressing Pregnancy. *Journal of Minimally Invasive Gynecology*, 2019, 26, pp.805 -. 10.1016/j.jmig.2018.09.770 . hal-03484927

HAL Id: hal-03484927

<https://hal.science/hal-03484927>

Submitted on 20 Dec 2021

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1. **Title:** Laparoscopic management of an intrauterine fallopian tube incarceration after curettage for a non- progressing pregnancy.
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9. **Declarations of interest:** The authors declare that they have no conflicts of interest and nothing to disclose.

1. Abstract

2. **Study Objective:** To report a case of a laparoscopic repair of an intrauterine fallopian tube incarceration as complication of curettage
3. **Design:** A step-by-step explanation of the surgery using video (instructive video), approved the local Institutional Review Board (**Canadian Task Force III**)
4. **Setting:** University Hospital Estaing, Clermont-Ferrand, France
5. **Patient:** A 29-year-old woman experiencing a non evolving pregnancy at 8 weeks underwent a curettage. After nine months, she complained from abnormal vaginal discharge. Ultrasound evaluation showed a right para-uterine mass. She reported a maternal medical history of ovarian cancer in a context of Lynch syndrome. A MRI described a right hydrosalpinx of 12mm diameter, with a suspect fimbriae lesion of the tuba and a 7mm endometriosis nodule of the uterine torus.
6. **Intervention:** We decided to explore the tuba by laparoscopy and to perform an hysteroscopy. A fallopian tube incarceration was suspected during hysteroscopy: a defect of the uterine wall was observed, through which there was protrusion of a tubal fimbriae. The laparoscopic view of the pelvis confirmed the incarceration of the right fallopian tube through the uterine wall. It was carefully extracted out of the uterine defect. The uterine wall defect was repaired with an X point with Monocryl 1.

7. **Measurements and main results:** A tubal patency test was performed, which was positive on both sides. As phimosis responsible for the hydrosalpinx had been treated, salpingectomy was not performed.
8. **Conclusion:** Curettage for miscarriage or undesired pregnancy is not exempt from complications (as hemorrhage, simple perforation, or infection). Intrauterine fallopian tube incarceration is uncommon but can affect fertility. This diagnosis is important to avoid destruction of the fimbriae, necrosis of the tube and also to reduce the risk for ectopic pregnancy.