Pregnancy after Endometrial Ablation : 3 cases

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ABSTRACT

Endometrial ablation is an established treatment option for the management of women with Heavy Menstrual Bleeding (HMB). Following this procedure, women may still conceive hence effective contraceptive methods are recommended. We report 3 cases of unplanned pregnancies following endometrial ablation. Our series demonstrate the spectrum of possible complications and outcomes. Case 1 is a 43-year-old woman who had an unplanned pregnancy following hydrothermal balloon ablation. Her pregnancy was complicated by Fetal Growth Restriction (FGR) and Morbidly Adherent Placenta (MAP) at delivery. Case 2 is a 40-year-old with previous Bilateral Tubal Ligation (BTL) at caesarean section and subsequent Novasure endometrial ablation. She presented with a missed miscarriage and underwent Total Abdominal Hysterectomy (TAH) after a failed medical management. Case 3 is a 41-year-old woman who had an unplanned pregnancy after Novasure endometrial ablation but went on to have a relatively uncomplicated pregnancy and delivery.

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INTRODUCTION

Endometrial Ablation has been used over the last three decades as an effective, less-invasive alternative to hysterectomy in the management of abnormal uterine bleeding. The goal of the procedure is to achieve the destruction of the basal layer of the endometrium, endometrial scarification and amenorrhea.[1]

Endometrial ablation in itself is not a contraceptive procedure. One risk of this procedure is pregnancy occurring post-ablation. This can occur if the endometrium regenerates or is not entirely ablated during the procedure.[2]

Complications that may occur with post-ablation pregnancies include miscarriage, Fetal Growth Restriction (FGR), preterm delivery, Morbidly Adherent Placenta (MAP), major obstetric haemorrhage and caesarean hysterectomy.

Consequently, it is essential to counsel women regarding safe and effective contraception to minimise the chances of pregnancy after endometrial ablation.

This case series highlights the spectrum of outcomes and complications that may occur in 3 women who conceived after endometrial ablation.

CASES

Case 1

- 43-year-old para 3+1 woman with two previous caesarean sections and a previous miscarriage (which was managed expectantly) presented for her antenatal booking visit at 15 weeks.
- 10 years prior to her current pregnancy, she was treated for Heavy Menstrual Bleeding and underwent Balloon endometrial ablation
- Her pregnancy was complicated by Fetal Growth Restriction and elevated blood pressure at 35 weeks .
- She underwent delivery by emergency caesarean for elevated blood pressure .
- Intra-operatively the placenta was morbidly adherent resulting in a caesarean hysterectomy.
- Histopathological examination confirmed the diagnosis of placenta accreta. She had an uneventful recovery.

CASES

Case 2

- 42-year-old Para 3 woman with a previous history of 3 caesarean sections, bilateral tubal ligation at caesarean section and Novasure endometrial ablation for heavy menstrual bleeding was referred to the early pregnancy clinic by her GP after a positive pregnancy test.
- She was unsure of her dates. An Ultrasound examination revealed a missed miscarriage
- She was planned for medical management after a discussion about risk of placenta accreta and postpartum haemorrhage.
- After a failed medical management, a decision was made for hysterectomy. This was taken in view of the patient's prior wish to have a hysterectomy for chronic pelvic pain and irregular bleeding refractory to medical treatment prior to this pregnancy.
- Histological examination of the specimen received from hysterectomy revealed a diagnosis of placenta accreta. She had an uneventful recovery.

Case 3

- 41-year-old with three previous normal vaginal deliveries attended the antenatal clinic for booking at 12 weeks+6 days. She had a Novasure endometrial ablation after the birth of her last child for heavy menstrual bleeding. She otherwise had no significant medical or surgical history.
- At 14 weeks she developed gestational diabetes and was managed on insulin.
- She was induced at 38 weeks and underwent an emergency caesarean section for a failed induction, delivering a healthy infant.
- There was normal placenta separation at c-section with minimal blood loss. She went on to have an uneventful post-op recovery and was discharged from our care.

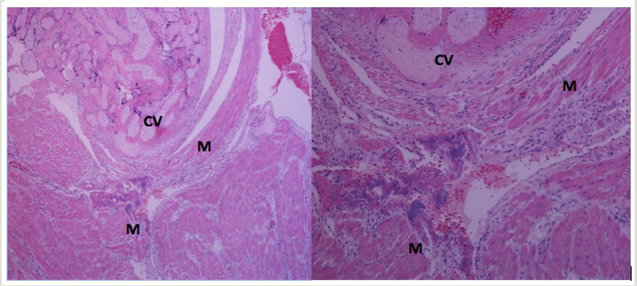

Figure 1 – histology images showing chorionic villi (CV) in direct contact with myometrial smooth muscle (M) in keeping with diagnosis of placenta accreta. Case 2 (Acknowledgements to Dr I Diegbe, Consultant Pathologist).

DISCUSSION

Pregnancy after endometrial ablation has the potential to increase patient morbidity significantly. According to Bauer et al. there is a 20-fold increased risk of morbidly adherent placenta.[3] The overall risk of termination, ectopic pregnancy or miscarriage was quoted to be about 85% in another study. [4] These 3 cases highlight the spectrum of outcomes and complications that can occur with post-ablation pregnancy.

- **Case 1**: Pregnancy was complicated by Fetal Growth Restriction (FGR) and Morbidly Adherent Placenta (MAP) managed by caesarean hysterectomy.
- **Case 2**: Pregnancy resulted in a missed miscarriage with morbidly adherent placenta. This case highlights the risk of failed contraception and subsequent complicated pregnancy following ablation.
- **Case 3**: There were no complications regarding foetal growth or delivery of the placenta . This case may represent the minority of cases as persons with a previous endometrial ablation have a significantly increased risk of having a complicated pregnancy

CONCLUSION

Pregnancy can occur even after endometrial ablation and may be associated with significant adverse outcomes for both mother and child. Women should therefore be counselled that endometrial ablation in itself is not a contraceptive procedure. Effective contraception is strongly recommended around the time of this surgical procedure in order to minimise the chances of pregnancy and its inherent risks.

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