INTRODUCTION

Diagnostic laparoscopy and sterilisation laparoscopies appear to be safe, the overall risk of serious complications is uncommon 2/1000. In sterilisation, the annual major complication rate was below 0.81/1000. Death rate very rare, three-eight/10000 women undergoing laparoscopy die as a result of complication (RCOG, Consent advice no.2).

Phaeochromocytoma is a rare neuroendocrine tumour of the adrenal medulla. It results in the excessive release of epinephrine and norepinephrine which has an effect on the control of heart rate, blood pressure and metabolism. Phaeochromocytoma is the most frequent cause of adrenal sudden death which is the unique sign in 1.5% of cases.

After a review of the literature, we report a young woman who died unexpectedly one-day following a routine laparoscopic sterilization.

CASE PRESENTATION

A 48 year old lady was referred to the gynaecology outpatient clinic. She had a six months history of lower abdominal pain, dyspareunia and menorrhagia. No previous or ongoing relevant medical problem. She was using copper coil as contraception which was fitted in 2009 and her recent ultrasound scan showed the coil is low in the endometrial cavity.

She had one previous normal delivery 22 years ago and one ectopic pregnancy. In view of her symptoms she was offered laparoscopy, hysteroscopy with removal of the coil. She was offered replacing the coil with another one but she wished for permanent sterilization. She was consented for laparoscopic bilateral tubal sterilisation, risk and complications were explained in details.

On 3rd of August, elective laparoscopic sterilization and removing of the coil, under GA was done with no complications and discharged same day.

DISCUSSION

Female sterilization is the most used method of contraception, with the highest prevalence in developing countries, selected by 19% of women (1). Laparoscopic sterilization has been preferred for over 30 years which can be performed by different techniques such ring, clips or tubal cutting and coagulation (2).

The procedure is simple, safe and effective, especially when mechanical devices are used as opposed to electro-coagulation. Laparoscopic sterilisation requires a general anaesthetic and blind entry into the abdominal cavity though serious complications can arise from inadvertent damage to bowel, bladder and major blood vessels (3). The Royal College of Obstetricians and Gynaecologists has published an advice document on consent for laparoscopic tubal occlusion. However, one woman in every 12 000 undergoing laparoscopy dies as a result of complications (4).

Phaeochromocytoma is a rare catecholamine-producing tumor that most commonly presents with episodes of headaches, sweating, palpitations, and paroxysmal or sustained hypertension. However, clinical manifestations of Phaeochromocytoma are highly variable, and can be similar to other diseases, such as acute coronary syndrome, heart failure, and sepsis (5).

Its prevalence is estimated to be 0.3–1.9% (6) beside its different manifestations can make the diagnosis difficult, especially when classic symptoms are absent (7). Phaeochromocytoma crisis (PC) is an endocrine emergency with a high mortality rate as 85% (8). Surgical manipulation of the phaeochromocytoma, general anaesthesia and trauma are known causes of morbidity and death (9).

We believe our patient had an underlying phaeochromocytoma that had never previously been diagnosed; undiagnosed phaeochromocytoma and sudden death has been reported in few cases in literature precipitated by different factors.

LEARNING POINTS

Minor trauma and surgery are common precipitants of symptoms in phaeochromocytoma, with the stress of surgery increasing its secretory activity. Therefore in patients presenting with persistent hypertension and tachycardia associated with chest or abdominal pain in the peri-operative period, a diagnosis of phaeochromocytoma should be considered. However, the rarity of the condition means that making the diagnosis in an emergency situation extremely difficult.

REFERENCES


CASE REPORT: A Rare Cause of Death after Uncomplicated Laparoscopic Sterilisation

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