32-year-old female presents with dull abdominal pain. She recently saw her gynecologist with contraceptive concerns.

John J. DeBevits IV, MD









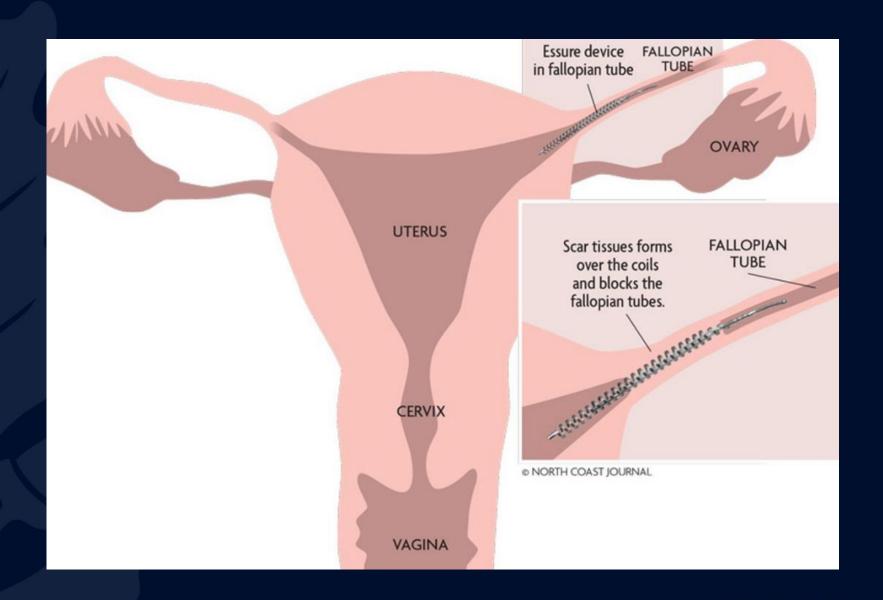
Infundibular vs. tubal perforation secondary to Essure device





Sequential frontal images from an HSG demonstrate nonopacification of the R fallopian tube due to complete occlusion of the R tube by the right Essure coil (long yellow arrow). However, the left coil appears to be outside of the L fallopian tube (short yellow arrow) with associated opacification of the L fallopian tube with contrast and peritoneal spillage (red arrow and circle). A soft tissue defect appears to be present in the left cornua of the uterus (short red arrow).







Essure device

- Transcervical tubal occlusion device that provides permanent tubal occlusion and contraception
- Nonsurgical alternative to tubal ligation
- 2 overlapping coils each with radiopaque end markers
 - Inner coil (nitinol) and outer coil (steel wrapped in polyethylene terephthalate, PET)
 - Outer coil expands upon release and conforms to tube wall
- PET fibers elicit benign tissue ingrowth around and into device, anchoring device in place and obstructing the fallopian tubes permanently



Essure device

- HSG performed 3 months post procedure to confirm placement and tubal occlusion
- Contrast should not fill tube past tubal end of outer coil
- Complications: persistent abdominal pain, irregular bleeding, tubal patency, central migration, distal placement, perforation (rare), hypersensitivity reactions to nickel!



References

- 1. https://www.northcoastjournal.com/NewsBlog/archives/2015/11/06/congressman-introduces-bill-to-abort-essure
- 2. https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/EssurePermanentBirthControl/default.htm

