



## Research Article

# A Clinical Study of Ectopic Pregnancy Cases

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### **Abstract**

**Background:** Any pregnancy outside uterine cavity is ectopic may be tube (95%), ovaries, abdominal cavity, cervix etc. it's a high risk condition incidence 0.5 – 2 % of reported pregnancy. Ruptured ectopic pregnancy causes 10%-15% of all maternal death.

**Objective:** To analyse the cases of ectopic pregnancy for its risk factors, diagnosis, management and outcome.

**Materials and Methods:** This study is a cross sectional retrospective study. In study included 50 patients of ectopic pregnancy attended our out patients department or admitted in in patients department. In all the cases details for risk factors, clinical sign & symptoms, intervention followed by outcome of the treatment was collected analysed and tabulated.

**Result:** Out of all diagnosed ectopic pregnancy cases in our hospital 65% patients are of age group 20-30 years, 37.5% cases were primigravidae rest multigravidae, all of them came with complain of pain abdomen, 47.5% having bleeding per vagina, 65% having amenorrhea of 4-8 weeks, 5% having history of previous ectopic pregnancy, 7.5% bilateral tubal ligation done, 2.5% with previous cesarian section, 5% with previous suction evacuation done. Out of all the cases 5% came with low condition. 90% had UPT positive, 27.5% were severe Anaemic. 92.5% were managed surgically.

**Conclusion:** Early diagnosis and management is crucial in Ectopic pregnancy cases. Many presents with classical presentation but few may present ectopically. Proper management should be there which can save a mother's life.

### **Introduction**

The number of ectopic pregnancies has increased in the past few decades. A ruptured Ectopic Pregnancy is considered as True Medical emergency Ruptured ectopic pregnancy is the leading cause of maternal mortality in the first trimester and accounts for maternal deaths<sup>11</sup>. The blastocyst normally implants in the endometrial

lining of the uterine cavity, Implantation anywhere else is an ectopic pregnancy.

The risk of ectopic pregnancy increases with advancing maternal age, with age over 35 years being a significant risk factor<sup>10</sup>. Hypotheses for this association include the higher probability of exposure to most other risk factors with advancing age, increase in chromosomal abnormalities in

trophoblastic tissue and age-related changes in tubal function delaying ovum transport, resulting in tubal implantation<sup>9</sup>.

Fallopian tube pathology is most common cause. Tubal damage may following previous ectopic pregnancy (3%-13%), tubal surgery, pelvic inflammation etc, also associated with assisted reproductive technology.

The exact mechanism of this association is not known but it has been proposed that in addition to distortion of tubal architecture, it may be due to an effect on the tubal microenvironment<sup>8</sup>. Women with a previous history of ectopic pregnancy have an increased risk, which increases further in proportion to the number of previous ectopic pregnancies.

Diagnosis of Ectopic Pregnancy is difficult and symptoms are often confused with miscarriage. Usually only Physical examination cannot leads to diagnosis of Ectopic Pregnancy. A woman of Child bearing age having amenorrhea for more than a month and presenting with symptoms like Abdominal Pain and Vaginal pain can be a suspect of Ectopic Pregnancy.

Diagnosis can be confirmed by culdocentesis, beta HCG levels, ultrasonography (Trans abdominal sonography, Trans vaginal sonography), and laparoscopy/laparotomy.

Management or intervention option includes expectant management, medical management with methotrexate, and surgical management by laparoscopy/laparotomy, salpingectomy/salpingostomy etc. medical management usually with methotrexate is done only for small, unruptured ectopic pregnancies in haemodynamically stable patients.

### Aims and Objectives of Study

A study on ectopic pregnancy cases in tertiary Care centre to know

- 1) Incidence of disease.
- 2) How to diagnose?
- 3) Intervention done
- 4) Outcome

So that it can be utilized for early diagnosis and proper intervention in, any case of suspected ectopic pregnancy and can save the life of a mother.

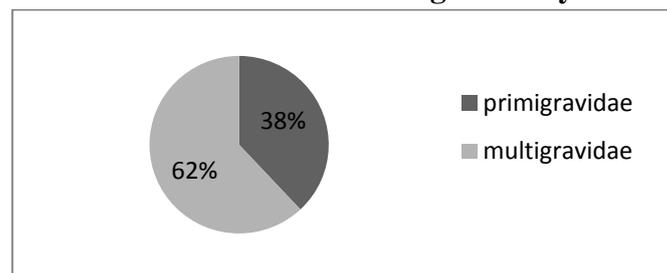
### Materials and Methods

In this study which was Hospital based retrospective study (Observational), we have reviewed and analysed all the available data of 50 ectopic pregnancy cases in our hospital. We have included detail history elicited from patient and her husband as a basic clinical approach with special reference to age of patient, menstrual pattern, coital habits, any previous contraceptive use, obstetric history, past medical and surgical history, any past pelvic infection, previous investigations with any treatment and results.

Careful and detailed general and systemic examinations findings were considered to exclude any organic disease. Other than Routine investigations ( haemoglobin, DC,TLC, screening for sickling, BT, CT, TPC, fasting blood sugar, renal function test, liver function test, urine examination, blood grouping and Rh typing) hormonal assay for beta HCG and ultrasonography (USG) finding also included in study. Data thus collected analysed and result made. From above a conclusion was also drawn.

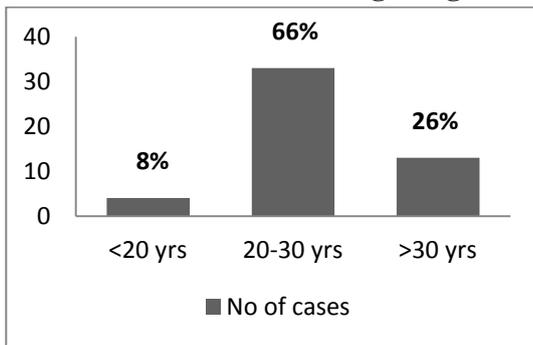
### Observation and Results

#### Distribution of Cases according to Parity



In our study ectopic pregnancy more commonly found in multigravidae as compare to primigravidae. The most common age group for same was 20-30 years of age group.

**Distribution of Cases According to age**



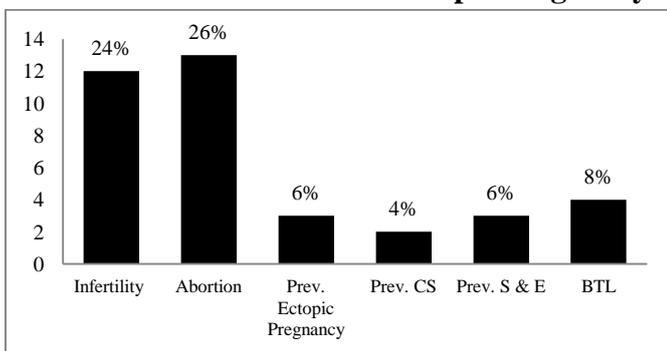
Age Group	No. of cases
<20 years	4 (8%)
20-30 years	33 (66%)
>30 years	13 (26%)

SYMPTOMS AND SIGN	No. OF CASES
Amenorrhoea	32 (65%)
Pain abdomen	50 (100%)
Bleeding per vaginam	24 (48%)
Other Symptoms	13 (26%)
Pallor	45 (90%)
P/A tenderness	48 (96%)
P/V tenderness	48 (96%)

**Beta HCG Test Reports**

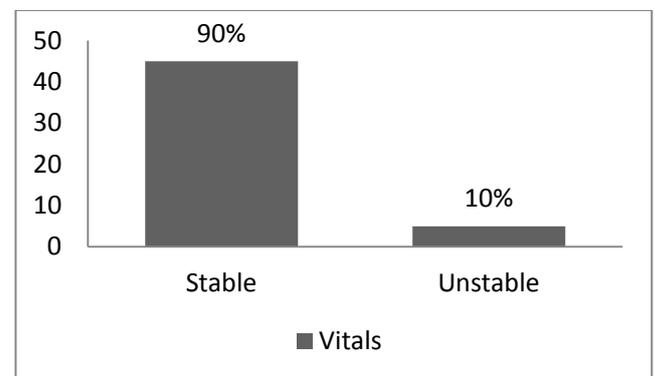
Beta HCG	No OF CASES
Positive	45 (90%)
Negative	3 (6%)
Faintly Positive	2 (4%)

**Risk factors associated with Ectopic Pregnancy**

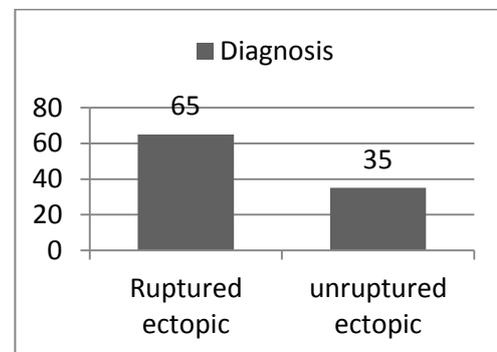


RISK FACTORS	NO OF CASES
Infertility	12 (24%)
Abortion	13 (26%)
Prev. ectopic	3 (6%)
Prev. c. s	2 (4%)
Prev. S & E	3 (6%)
BTL	4 (8%)

**Condition on Admission**

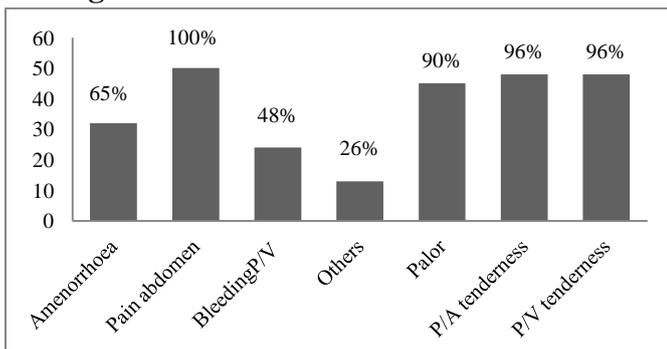


**Diagnosis**



Common risk factors associated with ectopic pregnancy seen in study were infertility, previous history of abortion, previous history of ectopic pregnancy, past history of bilateral tubal ligation (BTL) etc. most common risk factor was previous history of abortion.

**Distribution of Cases according to Symptoms and Sign**



**Intervention**

INTERVENTION	No. OF CASES
Salpingectomy	34 (68%)
Salpingoopherectomy	11 (22%)
Cornual resection of ectopic	1 (2%)
Conservative	4 (8%)

Majority of the patients required surgical treatment only few of them who reached to us early were managed conservatively.

## Discussion

The word ectopic comes from the Greek word “ektos” which means “out of place”. Ectopic pregnancy is a potentially life-threatening adverse pregnancy outcome that requires prompt evaluation and treatment, and an important cause of pregnancy related mortality. Past studies have found that it affects an estimated 1–2% of all pregnancies.

It results in significant morbidity for the mother and inevitable loss of the pregnancy. Apart from fetal wastage, maternal mortality and morbidity, ectopic pregnancy is also associated with repeat ectopic gestation and impairment of subsequent fertility.

Ectopic pregnancy is a global problem and has shown a rising incidence during the last 3 decades the world over. This increase is associated with increase in pelvic infections, advances in assisted reproductive technology, tubal surgeries and sterilizations, use of intrauterine devices and earlier diagnosis with more sensitive methods of cases that otherwise would have resolved without causing any symptoms.

In ovarian ectopic patients have symptoms similar to those of ectopic pregnancies in other sites. Misdiagnosis is common because it is confused with a ruptured corpus luteum in up to 75% of cases. As with other types of ectopic pregnancy, an ovarian pregnancy has also been reported after hysterectomy. Ultrasonography has made preoperative diagnosis possible in some cases.

The treatment of ectopic pregnancy is influenced by the clinical state of the patient, the site of the ectopic gestation, the reproductive wish of the patient and the available facilities and technology. Surgical treatment for ectopic is stills the norm and 'gold standard' and may be open laparotomy or minimal access surgery.

Treatment of ovarian pregnancy has changed. Whereas oophorectomy had been advocated in the past, ovarian cystectomy has become the preferred treatment in unruptured cases. It is possible to perform cystectomy using laparoscopic

techniques. Treatment with methotrexate or prostaglandin injection has also been reported.

## Conclusion

Ectopic pregnancy has higher maternal mortality and morbidity but can be diagnosis early considering parity, risk factors, age group, sign and symptoms etc. Early diagnosis and management is crucial in ectopic pregnancy cases. Many presents with classical presentation but few may present ectopically. Prompt diagnosis and proper intervention can reduce mortality and morbidity. We have to just suspect ectopic and rule it out before any other diagnosis.

Proper management should be there which can save a mother's life. As per this study we found most of the patients required surgical treatment with an excellent outcome post-surgery, so we should be ready for that too.

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