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ECTOPIC PREGNANCY: A RETROSPECTIVE STUDY: FOR ITS RISK FACTORS, CLINICAL PICTURE AND OUTCOME

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ABSTRACT

Introduction: The objectives are to study the incidence, clinical presentations and risk factors of all cases of ectopic pregnancy that presented to our center over a period of one years.

Method: It was a retrospective study conducted in Department of Obstetrics and Gynaecology, Maharani Laxmi Bai Medical College, Jhansi for a period of 1 year from 01/08/2018 to 30/07/2019

Results And Discussion: Out of total 3920 pregnancies confirmed, 56 cases of ectopic pregnancy were diagnosed in a 1 year period with incidence of ectopic pregnancy being 01.4% in our setup. Majority of women belonged of 26- 30 years age group (47.8%). Most important risk factor identified was PID.

Conclusion: Even today it accounts for as much as 5.6% of pregnancy associated mortality, improved diagnostic and therapeutic methods have made maternal death from ectopic pregnancy rare as a global phenomenon (0.3%)

KEYWORDS : PID, Ampulla, infertility.

INTRODUCTION

Ectopic pregnancy is a complication of 1st trimester of pregnancy that carried major morbidity and mortality and accounts for about 5% of maternal mortality.

Fatalities due to ectopic pregnancies generally are associated with patient delay, failure to make an accurate diagnosis, or delayed or inefiective treatment.

It is the leading cause of pregnancy related death during I st trimester.

In an ectopic pregnancy, the embryo is implanted and develops outside the normal endometrial cavity. Sites of implantation use-

- Tubal (most common)
- Ovarian
- Abdominal
- Cervical
- Cornial

AIM AND OBJECTIVES

The objectives are to study the incidence, clinical presentations and risk factors of all cases of ectopic pregnancy that presented to our center over a period of one years.

MATERIALS AND METHODS

It was a retrospective study conducted in Department of Obstetrics and Gynaecology, Maharani Laxmi Bai Medical College, Jhansi for a period of 1 year from 01/08/2018 to 30/07/2019.

A total of 56 cases of ectopic pregnancy were indentified and taken for study from total of 3920 reported pregnancies.

Case Of Right Sided Rupture Ectopic Pregnancy In 1 28 Years Old Female With Preserved Gestational Sac.

RESULT

Table 1: Age Distribution Of Ectopic Pregnancy (N=56)

Age	Number of patients	Percentage
18-<25	16	28.57
25-<30	30	53.57
30-35	10	17.86

Table 2: Ectopic Pregnancy Associated With Risk Factors (N=56)

Risk factor	Number of patients	Percentage
PID	11	19.64
IUCD	07	12.50
Previous ectopic	2	3.57
Previous tubal surgery	4	7.14
None	32	57.14

Table 3: Ectopic Pregnancy With Presenting Complaints (N=56)

Presenting complaints	Number of patients	Percentage
amenorrhea/ overdue	48	85.71
Lower abdomen pain (pelvic pain)	52	92.86
Bleeding	27	48.21
Shock	21	37.50

Table 4: Site Of Ectopic (N=56)

Site of ectopic	Number of patients	Percentage
Ampulla	34	60.71
Corinal	0	0.00
Isthmus	12	21.43
Fimbrial	9	16.07
Ovarian	0	0.00
C/s scar	1	1.79

Table 5: Intraoperative Finding (N=54)

Intraoperative Finding	Number of patients	Percentage
Right sided rupture	22	40.74
Left sided rupture	9	16.66
Right sided Unruptured	12	21.43
Left sided Unruptured	9	16.07
Tubal abortion	2	3.57

Table 6: Treatment (N=56)

Treatment	Number of patients	Percentage
Right partial salpingectomy	32	57.14

Left partial salpingectomy	17	30.36
Right salpingectomy	2	3.57
Left salpingectomy	0	0.00
B/L salpingectomy	3	5.36
Methotexate treatment	2	3.57

DISCUSSION

The incidence of ectopic pregnancy has increased since the last 20 years. The incidence in this present study was 14.2 for 1000 reported pregnancies.

Majority of woman (53.5%) in our study group belonged to the age group of 25-30 years, which is close to the studies done by Samiya Multi, et al (75.4%) Panchal D, et al (71.66%) and Rashmi. Gaddagi, et al (70.2%) most of the women in India marry at an early age and completes their family at an early age. This age corresponds to the age of peak sexual activity and reproduction.

In the present study group history of PID was present in 19.6% of the cases with ectopic pregnancy. This is correlating with the study done by Bhavna, et al 22.7% of the cases with ectopic pregnancy. Endosalpingitis damages the mucosa and may entrap the migrating embryo, leading to ectopic implantation; Exosalpingitis give rise to peritubal adhesion, impairing peristaltic movements, giving rise to inadequate transportation.

Urine pregnancy test was positive in 94% of the cases which correlated with the study done by Rashmi A Gaddagi, et al (97.3%) and WM Fgeeh (96%).

The commonest site of location of the ectopic pregnancy was in the ampulla of the fallopian tube. Ampullary part of the tube was commonly involved in most of the ectopic pregnancies in other studies.

Right, sided tubal pregnancy was present in 64.8% cases and left tubal involvement in 33.9% cases, consistent with other studies. Ruptured ectopic pregnancy was present in 57.3%, 40.4% had unruptured ectopic and tubal abortion 3.5%.

As medical management needs extremely close follow up and hospitalization, surgical management is still the method of choice in our country. Laparaoscopy and medical therapy have now emerged as the widely used therapeutic modalities with great succession in terms of reduced morbidity, shorter hospital stay and conservation of fertility. However choice depends upon early identification of ectopic pregnancy and stable condition of patients.

Morbidity included anemia, blood transfusion and wound infection. By reducing and identifying the risk factors and catching the patients at the earliest it is possible to improve the prognosis so far as morbidity, mortality, and fertility are concerned.

No maternal mortality found in our study.

CONCLUSIONS

The incidence if ectopic pregnancies are on the rise, as was evident by the findings of this study. All the cases were diagnosed with a high index of clinical suspicion and the USG findings added to the diagnosis.

Though the recent trend in the management of ectopic pregnancy is the use of a conservative surgical or medical line of management, salpingectomy was the treatment modality which was used in the present study. This was mainly because a majority (89%) of the cases were referred or they came late to the hospital after the ectopic pregnancy has ruptured. But fortunately there has not been even a single mortality.

Ectopic pregnancy can be prevented by decreasing the incidence of pelvic inflammatory disease and C. trachomatis and their vigorous treatment.

Fertility after treatment of ectopic pregnancy depends upon several factors like, type of surgery or treatment given, condition at time of presentation, age etc. for this a further detailed study is needed.

REFERENCES:

1. Williams Obstetrics, Cunningham, Leveno, Bloom, Dashe, Hoffman, Casey, Spong 25th edition.
2. Berek and Novak's: Gynecology, Jonathan S. Berek, 15th edition.
3. Igwegbe AO, Eleje Gu, Okpola BC. An appraisal of the management of ectopic pregnancy in a Nigerian Tertiary Hospital. Ann Med Health Science Res. 2013; 3(2): 166-170.
4. Udigwe GO, Umeononihu OS, MbachuII. Ectopic pregnancy: A 5 year review of cases at Nnemdi Azikiwe Univerisity Teaching Hospital (NAUTH) Nnewi. Niger Med J. 2010; 51:160-3.
5. Bouyer J, Coste J, Shojaei T, Jean-Luc P, Fernandez H, Gerband L, Job-Spira N. Risk Factors for Ectopic Pregnancy: A Comprehensive Analysis Based on a Large Case-Control, Population-based Study in France. Am J. Epidemiol. 2003; 157 (3): 185-194.
6. Maifa Abdulaziz Al-Turki, ISRN Obstetrics and GynaecologyVol2013(2 0 1 3) , http//dx.doi.org/10.1155/2013/97251.
7. Hamura NN, Bolnga JW, Wangnapi R, Horse AW, Rogerson SJ, Unger HW. The impact of tubal ectopic pregnancy in Papua New Guinea – a retrospective case review. 2013. 14/71-2393/13/86.
8. Rashmi A Gaddagi and AP Chandrashekhar, A clinical study of ectopic pregnancy. Journal of clinical and Diagnostic Research. 2012, 6(5): 867-869.
9. De Muylder X: Ectopic pregnancy in Ziwbabwe. Int.J Gynaecol. 1991, 35 (1):55-60.
10. Amoko DH, Buga GA. Clinical Presentation of ectopic pregnancy in Transkei, South Africa. East Africa. Med J. 1995, 72 (12): 770-773
11. V.L Holt, J.R Daling, L.F Voigt et al. Induced abortion and the risk of subsequent ectopic pregnancy. American Journal of public health. 1989. 79(9); 1234-1238.