



## CLINICAL STUDY OF ECTOPIC PREGNANCY

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## ABSTRACT

**BACKGROUND:** Objective of present study is to investigate the risk factors, clinical presentation and sites of ectopic pregnancy along with management and assesment of morbidity and mortality. **METHODS :** The study is undertaken at KAMINENI INSTITUTE OF MEDICAL SCIENCES Between JUNE 2019 and JUNE 2020. after obtaining the clearance from Hospital Ethical Committee. **RESULTS:** Maximum incidence of Ectopic Pregnancy is between age (20-25), 48%. Maximum cases is seen in Multiparity i.e (80%), Most common mode of presentation by patients in our study is Pain abdomen (60%) Most of the patients are with no other associated risk factors (60%). And Condition of tube in most cases is Rupture Ectopic (60%) **CONCLUSION:** Since ectopic pregnancy remains a gynecological catastrophe in countries and a major challenge to the reproductive performance of women worldwide, it should be considered a relevant public health issue.

## KEYWORDS :

## INTRODUCTION

- Ectopic pregnancy is pregnancy that develops following implantation anywhere other than the endometrial cavity of uterus. 1 Ectopic is derived from a Greek word "EXTOPOS" meaning "out of place".
- Ectopic pregnancy is one of the leading causes of maternal mortality in first trimester but it is also one of the conditions threatening the fertility of the patient.
- This higher danger to life results from massive bleeding that occurs when these pregnancies rupture.
- These abnormal pregnancy locations, unlike uterus, cannot expand enough to fit the growing embryo; thus, these structures eventually rupture causing bleeding.

Over the past three decades, in many countries; the incidence of ectopic showed an initial increase followed by a decrease which has been observed recently.

The likely causes of this increase in incidence was prevalence of sexually transmitted disease, use of intra-uterine contraceptive device, tubal sterilization, tubal reconstructive surgery, assisted reproductive techniques and probably early diagnosis of some cases which were destined for early resolution

- The recent decline may be attributed to decline in the prevalence of sexually transmitted diseases like Chlamydia and change in use of intrauterine contraceptive devices.

- The incidence of ectopic pregnancy varies from 1 in 300 to 1 in 150. The incidence of ectopic has steadily risen since 1970 and now accounts for approximately 2% of all pregnancies; the risk of death from ectopic pregnancy has declined by 90%.

- Ectopic pregnancy is often proclaimed as the great masquerader, as the diagnosis is complicated by a wide spectrum of clinical presentation from asymptomatic cases to haemoperitoneum and shock. The classical clinical triad of amenorrhea, bleeding per vagina and lower abdominal pain is present in less than 50% of cases.

## AIM

- The study aims on determining risk factors, clinical presentation, diagnostic modalities and various treatment options which might help in guiding principle in diagnosis and management cases of ectopic pregnancies.

## METHODS

- The study is conducted at KAMINENI INSTITUTE OF MEDICAL SCIENCES NARKETPALLY between JUNE 2019 and JUNE 2020 after obtaining clearance from Hospital Ethical Committee.

- All diagnosed cases of Ectopic Pregnancy were enrolled in the study. Detailed history and clinical evaluation was done.

- Study Type:** Cross Sectional Study

- Duration Of Study:** June 2019 To May 31 2020.

- Place Of Study Medical Sciences :** kamineni Institute Of Marketpally.

- Sample Size:** 25 Ectopic Pregnancy.ss

## Inclusion Criteria

- All patients which were diagnosed as Ectopic pregnancies in our hospital during 1 year study period.

## Exclusion Criteria

- All Intrauterine pregnancies and 1st trimester abortions were excluded.

Table 1 Ectopic Pregnancy In Relation To Age

AGE GROUP(YEARS)	NO OF CASES	PERCENTAGE(%)
LESS THAN 20	1	4%
20-25	12	48%
26-30	6	24
30-35	4	16
35-40	2	8
TOTAL	25	100

- In my present study, we found that the most common age group in which ectopic seen is 20 -25, which is ( 48%) .this may be because this is the maximum fertile period, this may also be because most young married women with unintended pregnancies.

Table 2 Distribution Of Cases Based On Parity

PARITY	NO OF CASES	PERCENTAGE (%)
NULLIPARA	3	12
PRIMIPARA	2	8
MULTIPARA	20	80
TOTAL	25	100

- We observed maximum incidence of Ectopic Pregnancy is in Multipara (80%), followed by Nullip ( 3%) and then primipara ( 2%). This increase incidence in multipara might be due to increased sexual life, increase incidence pelvic inflammatory disease and use of IUCD.

Table 3 S ectopic Pregnancy In Relation To Risk Factor

RISK FACTOR	NO OF CASES	PERCENTAGE (%)
TUBECTOMY H/O	5	20
PREV H/O ECTOPIC	2	8
ART	1	4
PID	2	8

NONE	15	60
TOTAL	25	

**Table 4 Distribution Of Cases Based On Mode Of Presentation**

SYMPTOMS	NO OF CASES	PERCENTAGE(%)
AMENORRHEA	3	12
PAIN IN ABDOMEN	15	60
BLEEDING PER VAGINA	7	28
TOTAL	25	

**Table 4 distribution Of Cases Based On Type Of Ectopic Pregnancy**

TYPE OF ECTOPIC PREGNANCY	NO OF CASES	PERCENTAGE(%)
RUPTURE	12	48
UNRUPTURE	8	32
TUBAL ABORTION	5	20
TOTAL	25	100

**Table 5 Distribution Of Cases Based On Procedure Done**

PROCEDURE	NO OF CASES	PERCENTAGE(%)
UNILATERAL Salpingectomy	15	60
BILATERAL Salpingectomy	4	16
Salpingo ophorectomy	3	12
Medical Management	3	12
TOTAL	25	

**DISCUSSION****• AGE GROUP:**

In the present study, we found that the most common age group in which ectopic seen in the present study is 20-25 years (48%). Similarly, reported by Panchal D et al the maximum incidence in the age group of 20-30 years which was 71.66%. Shetty et al also reported maximum incidence of ectopic in age group of 25-30 years i.e 74.2%. Gaddagi et al 70.2% of cases belonged to 21-30 years of age.

**• Parity**

We observed maximum incidence of Ectopic pregnancy is in Multipara i.e (80%). Similarly reported by Gaddagi et al i.e (62.2%). Shetty et al i.e around (83.9%). And Khaleeqe et al study about (61%)

**• Risk factors**

In the present study, the maximum incidence of ectopic is seen in patients who has no apparent risk factors (60%). Similarly Gaddagi et al found 37.83% had no apparent risk factors.

**• Mode of Presentation**

In present study, abdominal pain (60%) suggestive of common presentation of patients with Ectopic Pregnancy. Shetty S et al observed the commonest presentation with abdominal pain (80.6%). Gaddagi et al observed that majority of cases presented with pain abdomen (89.2%). Porwal et al noted that maximum (87.5%) cases of ectopic pregnancy with pain abdomen.

**TYPE OF ECTOPIC PREGNANCY**

In the present study, the incidence of Rupture is (48%), unrupture is (32%) followed by tubal abortion (20%). Similar findings were noted by Gaddagi et al 78% showed a rupture ectopic on laparotomy.

**Procedure Done**

In the present study, Unilateral Salpingectomy done in 60% cases.

21.66% and total salpingectomy was done in 61.66% cases, Shetty et al observed the most common surgery done was unilateral salpingectomy in 28 (90.3%), salpingo-oophorectomy in 2 (6.5%) and salpingostomy in 1 (3.2%). 5, 6 Porwal et al noted the most frequent procedure in cases is total salpingectomy (45%) and salpingo-oophorectomy in 32.5% of cases.

**CONCLUSION**

- Since ectopic pregnancy remains a gynecological catastrophe in countries and a major challenge to the reproductive performance of women worldwide, it should be considered a relevant public health issue.
- With its rising incidence, which is likely to continue increasing because of the various factors discussed,
- it is necessary to devise means of early detection and treatment.
- This could be achieved by providing adequate materials, manpower and equipment of health facilities, as well as a prompt and efficient referral system, good access roads, and efficient transportation, which will ensure early presentation in hospitals and prompt management of cases

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Panchal D et al noted partial salpingectomy was done in