



## CLINICAL STUDY ON ECTOPIC PREGNANCY IN GOVERNMENT MEDICAL COLLEGE AND ASSOCIATED GROUP OF HOSPITALS KOTA

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**ABSTRACT** Ectopic pregnancy has always challenged ingenuity of the obstetrician and gynecologist by its bizzare clinical picture. Diagnosis is frequently missed which can be life threatening and if not attended in time it can be fatal. Early diagnosis, identifying of underlying risk factors and timely intervention will help in reducing mortality and morbidity associated with ectopic pregnancy. This study is done to know the group, parity, risk factors and clinical outcome of ectopic pregnancy

**KEYWORDS :** Ectopic Pregnancy, Ampulla , Salpingectomy

### INTRODUCTION

An ectopic or additional uterine pregnancy is one in which, the blastocyst implant anywhere other than the endometrial layer of the uterus. They represent 1-2% of announced pregnancies (1). It is the most critical reason for maternal mortality and morbidity in the first trimester (2). Because of progress in current innovation like diagnostic laparoscopy, radioimmunoassay of beta HCG and ultrasonographic diagnosis at the earliest can be made out.

However every technique is having its own particular constraint. A precise history and physical examination and their correlation with these newer technologies are accepted to be the most vital to reach upto the conclusion. To analyze ectopic pregnancy, one must be "ectopic minded".

Till today ectopic prgnancy has always challenged ingenuity of the obstetrician and gynaecologist by its bizzare clinical picture. It is one which can resemble with each and every gynecological conditions and with numerous surgical crisis (3). Once ruptured ectopic pregnancy represent as a true medical emergency.

Ruptured ectopic pregnancy is a hazardous condition and must be managed desperately, as there is expanded danger of mortality, because of delay in judgment and management. Most common symptoms during presentation are pain, amenorrhea, and vaginal bleeding which comprise the classical clinical triad of ectopic pregnancy but unfortunately only half of patients presents with all the 3 symptoms.(4)

### MATERIAL AND METHODS

All females getting admitted to the Department of Obstetrics and Gynecology, J.K.LON MOTHER and CHILD HOSPITAL AND ASSOCIATED GROUP OF HOSPITALS, GOVT. Medical COLLEGE KOTA (RAJASTHAN) from Jan 2016 to Jan 2018 analyzed as a case of ectopic pregnancy on the basis of clinical and ultrasonographic evaluation were included in this study.

### OBSERVATIONS AND RESULTS

80 ectopic pregnancies were included in this study, presenting either in OPD with ultrasonography finding, or in emergency. Fifty two patients presents in emergency with ruptured ectopic. Twenty eight patients were admitted on the basis of clinical diagnosis and their symptoms which were confirmed on ultrasound later on. The commonest clinical presentation was pain abdomen (81.25%) and the most common risk factor associated with ectopic was found to be the history of pelvic inflammatory disease in 31% of patients. Most of the women having ectopic belongs to of 20-30 yrs of age group(72.5%) in which 33.75% were nullipara. 65% ectopics were found to be ruptured on presentation in which ampulla was observed to be the most widely recognized site of rupture(58%), followed by isthmus (21%).

**Table 1 Age Wise Distribution**

Age (years)	Number of patients (n = 80)	Percentage
Less than 20	4	5%
20-25	28	35%
26-30	30	37.5%
31-35	12	15%
36- 40	4	5%
41 and above	2	2.5%

**Table 2 Risk factors found in patients with ectopic pregnancy**

Risk factor	Number (n=80)	Percentage
Pelvic inflammatory disease	25	31.25%
Infertility treatment	19	23.75%
Tubal surgery	3	3.75%
Previous abortions	18	22.5%
Previous ectopic	5	6.25%
Idiopathic	10	12.5%

Diagnosis of ectopic pregnancy was confirmed either by clinical examination, by ultrasonography or by means of both. 92.5% were managed by unilateral salpingectomy, 5% for salpingo-oophorectomy and 2.5% by milking.

**Table 3 Site of ectopic pregnancy**

Site	No of patients (ruptured%)	No. of patients (unruptured%)
Ampulla	30(57.69%)	13(46.42%)
Isthmus	11(21.15%)	9(32.14%)
Interstitial/ cornual	4 (7.69%)	3(10.71%)
Fimbrial	3(5.76%)	1(3.57%)
Ovarian	2 (3.84%)	1(3.57%)
Broad ligament	2(3.84%)	1(3.57%)

### DISCUSSION

Ruptured ectopic pregnancy is always an acute emergency and the patient has to be taken for surgical intervention immediately. As in developing countries resources are limited so when in doubt its always better to go for a exploratory lapotomy or laproscopy than not to intervene and loose the patient.

During the study period of 2 years there was a total of 24,914 deliveries occur in our hospital and 80 cases of ectopic pregnancy were found giving the Incidence of ectopic as 3.2/1000 deliveries. Incidence found in study conducted by Most. Sabin Yeasmin i.e 7.4/1000 deliveries and by shradha shetty K was 5.6/1000 deliveries.

In a study conducted by RashmiGaddagi and AP Chandrashekhar, the incidence was 1:399 pregnancies. In Porwal Sanjay et al study, the incidence was 2.46 per thousand of deliveries.

Rate of ectopic pregnancy increases with age as evident in our study and also found in previous studies conducted by Hoover KW and colleagues. It was found to be 5% in less than 20 year, 35% in 20-25 year and 37.5% in 26-30 year of age group. 33.75% were nullipara, 22.5% were primipara and remaining 44% were multipara. The common risk factors were pelvic inflammatory disease, history of taking treatment for infertility, previous abortions, previous ectopic. Similar risk factors were noted in previous other studies.

The most common presenting complain was abdominal pain(81.25%) followed by amenorrhoea(77.5%) and vaginal bleeding(61.25%) which is consistent with Porwal Sanjay et al study, in which 87.5% reported with pain abdomen, bleeding per vagina encountered in 67.5%.

The urinary pregnancy test, diagnosis was made by either clinical examination, ultrasonography or by means of both. Studies have shown that Ultrasonography should be the initial investigation for symptomatic women in their first trimester.

The most common site of the ectopic pregnancy was in the ampulla(53.75%) of the fallopian tube. Ampullary part of the tube was commonly involved in most of the ectopic pregnancies in other studies. The high index of suspicion is to ensure for early and timely diagnosis and management, a timely is the mainstay in management of ectopic pregnancy. Ruptured ectopic pregnancy was present in 65% cases, 35% had unruptured ectopic. In Latchaw G et al study, tubal rupture was present in 59% cases and 41% had unruptured ectopic pregnancies. They concluded that the patients with a history of a previous ectopic pregnancy are significantly more likely to experience a tubal rupture.

Low hemoglobin and hematocrit values at the time of admission increases the risk of tubal rupture which was proven by some studies. In the present study, 60% women were anemic at the time of admission.

Ruptured ectopic pregnancy is an emergency in which the patient is compromised, due to massive blood loss, immediate surgery alongside resuscitation, hand in hand, is lifesaving(3). Salpingectomy, salpingo-oophrectomy, preservation of ovary wherever possible were the most commonly performed surgeries in our institution as ruptured ectopic was associated with massive haemoperitoneum. Conservative surgery is superior to radical surgery at preserving fertility. Conservative surgery is not followed by an increased risk of repeat ectopic pregnancy,

No maternal mortality found in our study, consistent with A. Abbas and H. Akram study.

In developing countries like India with limited facilities, surgical intervention remains the basic mainstay, in the line of treatment of ectopic pregnancy. The overall goal of is to preserve the life of the mother.(5)

## CONCLUSION

Early identifying of underlying risk factors, early diagnosis and timely intervention will definitely help in reducing the morbidity and mortality associated with ectopic pregnancy and to improve the future reproductive outcome. Ruptured ectopic has to be managed urgently with adequate amount of blood and blood products to save life of the mother.

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