



ECTOPIC PREGNANCY : A 2 YEAR STUDY

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<b>KEYWORDS</b>	

**Introduction**

Ectopic pregnancy is a cause of pregnancy related deaths. Its incidence is increasing and has risen from 4.9/1000 pregnancies in 1970 to 9.6/1000 pregnancies in 1992<sup>1</sup>. Incidence varies from 1 in 300 to 1 in 150 deliveries. The reason for this increase has not been fully elucidated, but the possible contribution of pelvic inflammatory disease and intra-uterine contraceptive device use have been cited as contributing factors<sup>2</sup>. In a study of 150 mothers brought dead to the hospital, at least 2 were due to ruptured ectopic pregnancy (1.3%)<sup>3</sup>. In order to decrease maternal mortality and morbidity due to ectopic pregnancy, there is a need for early diagnosis. The availability of sensitive BhCG and high- resolution sonography has resulted in earlier diagnosis and has reduced mortality rate<sup>4</sup>. The aim of this study was to review the data of ectopic pregnancies during last one and half years, analyze the site of ectopic pregnancy. The site of implantation of EP has been little studied, atleast in large population-based samples. Only a few articles, published 15 years ago, report descriptive results concerning the site of EP in large samples either from populations defined geographically, (Hallatt, 1982; Hallatt and Grove, 1985; Atrash *et al.*, 1986; Herbertsson *et al.*, 1987) or from hospital-based 3224 © *European Society of Human Reproduction and Embryology* populations (Martin *et al.*, 1988; AlMeshari *et al.*, 1993)

Image showing sites of ectopic



**Patients and Methods**

Retrospective analysis of case histories of patients admitted with ectopic pregnancy at JK LON Hospital ,Kota from 1st July 2013 to 31st December 2014 was done. These patients were admitted through emergency or outpatient department. After history and examination, provisional diagnosis was made. Relevant investigations included complete blood picture, blood group, serum BhCG and ultrasound. Other investigations i.e. the liver function tests and platelets were done in patients who were given methotrexate. Based on thorough evaluation,

type of management was decided. Where any surgical procedure was performed, specimen was sent for histopathological examination. 62 patients were admitted with ectopic pregnancies during last one and half years .

**Results**

Total number of 62 patients were admitted with ectopic pregnancies. Detailed analysis of data was done. Majority of patients with ectopic pregnancy were in 21-25 years age group (50%). The commonest presenting symptom was abdominal pain in 90% (n=56) followed by vaginal bleeding in 33.8% (n=21) and fainting in 12.9% (n=8). Five patients were asymptomatic and ectopic pregnancy was detected on ultrasound done for confirmation of pregnancy. Forty-six patients presented with severe abdominal tenderness, tachycardia, hypotension, pallor and cervical excitation. These were diagnosed on clinical findings, while Five patients presented in subacute condition and were diagnosed by clinical assessment as well as with the help of investigations . The most frequent physical findings were abdominal tenderness in 87% (n=56), followed by palpable adnexal mass in 50% (n=31). Five patients presented in a state of shock. Fourty six patients were severely anaemic and required blood transfusion. Five patients were asymptomatic and tubal pregnancy was detected on ultrasound, which was done for confirmation of pregnancy.

**Table 1:Observation of Ectopic pregnancy in different age groups**

AGE (in years)	No. of patients observed
≤ 20	2
21-25	31
26-30	20
31-35	5
>35	4

In 77.4% (n=48) of cases ectopic pregnancy was tubal and it was more common on left side (52%). The commonest site of ectopic was ampulla of fallopian tube. There was one case of secondary abdominal pregnancy.

All patients were treated surgically. Among surgically treated patients 48 had total salpingectomy. Tubal expression of ectopic gestation by milking of tube was done in one patient. Histopathological report confirmed ectopic pregnancy in all surgically treated patients.

**Table 2:Distribution of sites of Ectopic pregnancy**

Site of Ectopic pregnancy	No. of Patients observed
Ampulla of fallopian tube	40

Isthmus of fallopian tube	7
Infundibulum of fallopian tube	1
Ovary	10
Cornua of Uterus	3
Secondary Abdominal	1

Among the surgically treated patients, 6 had fever, 2 had UTI and one had wound infection. There was no mortality in this series.

### Discussion

The frequency of ectopic pregnancy in this series was 4.6/1000 deliveries which is very less when compared with study at Nigeria(1.3%)<sup>5</sup> while in study by Shraddha Shetty<sup>6</sup> incidence is 5.6/1000 deliveries .The highest no. of patients were in age group 21-25 years(50%,n=31)followed by 26-30 years age group(32.5%,n=20) while highest no. of patients of age group 26-30 years observed in studies done at Nigeria(44.4%)<sup>5</sup> & at Kolkata<sup>7</sup>. Most common presentation in our study is pain abdomen (90%) which is comparable to study by Rajita S Jani(96%)<sup>8</sup> .Most common site is Ampulla(64.5%) while in study by Rajita S Jani ampulla involvement is seen in 52% cases.Most cases present with acute pain abdomen & required emergency laparotomy. The reason for more surgical procedures, as compared to medical treatment, was because our hospital is a tertiary referral center and most of the cases were late referrals. There was no death in this study. In order to reduce morbidity there is need of early diagnosis. This can be done by screening of high risk patients giving an early diagnosis and intervention before tubal integrity is lost. Whenever a patient comes with an ectopic pregnancy, heterotopic pregnancy should be excluded because early intervention is mandatory to salvage viable intra uterine pregnancy.

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