

A Clinical Study of a Series of Cases of Ectopic Pregnancy in One Year at Rural Tertiary Care Center - Srikakulam

Dr. K. Likhitha¹, Dr. P. Revathi²

¹3rd yr PG in MS ObGyn, Great Eastern Medical School & Hospital, Srikakulam

²Professor & HOD, Great Eastern Medical School & Hospital, Srikakulam

Abstract: This study conducted at Great Eastern Medical School & Hospital, a retrospective analysis of the incidence of ectopic pregnancies over one year period from April 2022 – march 2023 aiming to study the high risk factors and know the types of clinical presentation, methods of diagnosis, outcome and complications. This presentation will start by elucidating the epidemiological trends of ectopic pregnancy, highlighting its incidence, prevalence, and associated risk factors, different etiological factors contributing to ectopic implantation. But also the clinical manifestations of ectopic pregnancy, emphasizing the importance of early recognition and diagnostic modalities, including transvaginal ultrasound, serum β - human chorionic gonadotropin levels, and laparoscopy, will be discussed in detail, delineating their respective roles in confirming the diagnosis.

Keywords: Amenorrhea, obstetric emergency, Ectopic pregnancy, PID, Ampulla Ruptured, Salpingectomy

1. Introduction

- Ectopic pregnancy is defined as implantation and development of the blastocyst at a site other than the endometrial lining of the uterine cavity.
- Incidence of ectopic pregnancy varies from 2% in USA, 1% in UK, 1.5% in India. ⁽¹⁾
- The leading cause of maternal morbidity and mortality in first trimester. ⁽³⁾
- Increasing Ectopic pregnancy rates are due to increase in prevalence of sexually transmitted diseases, usage of contraceptives, tubal sterilization, assisted reproductive techniques, tubal surgery.
- The most common type of ectopic pregnancy is tubal pregnancy (98.3%) especially ampullary part. ⁽²⁾
- Mortality has been reduced considerably due to advances in its early diagnosis by transvaginal ultrasonography, B - HCG assays, availability of medical management and Laparoscopic management of unruptured ectopic pregnancy.
- Classic triad of Ectopic pregnancy are amenorrhea, abdominal pain and vaginal bleeding. ⁽³⁾
- The clinical features are variable from asymptomatic cases to acute abdomen to hemodynamic shock. ⁽⁵⁾

2. Aims and Objectives

- Aim:** To determine incidence of ectopic pregnancy.
- Objective:** To study the high risk factors and know the types of clinical presentation, methods of diagnosis, outcome and complications.

3. Material and Methods

Retrospective study was undertaken at GEMS hospital between April 2022 to May 2023.

All diagnosed cases of ectopic pregnancy were enrolled in study. Detailed history and clinical evaluation was done.

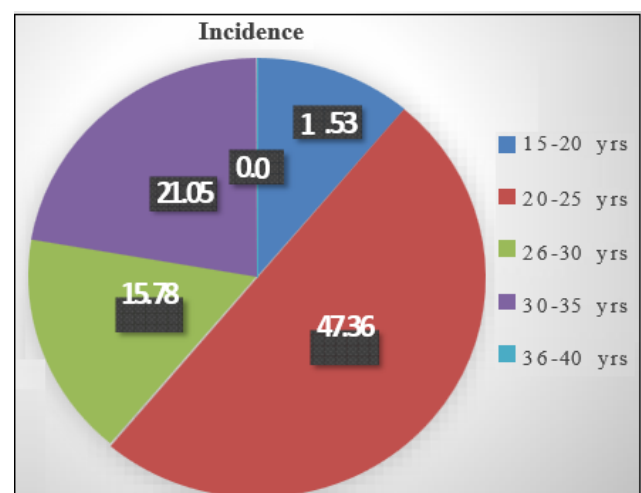
Data including demographic details, clinical presentation, diagnostic methods, management approaches, and post - treatment outcomes were collected and analyzed.

4. Results

Of total 1500 delivery cases - 19cases were ectopic pregnancies.

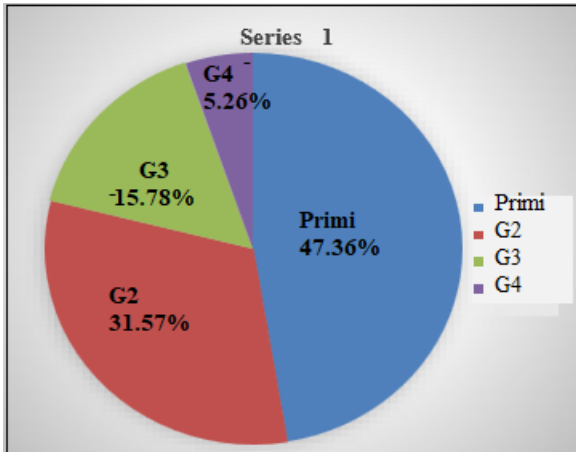
Incidence of 1.2% noted.

Age group (years)	No. of cases	Incidence (%)
15 - 20	2	10.53
20 - 25	9	47.36
26 - 30	3	15.78
30 - 35	4	21.05
36 - 40	1	0.05



Parity

Parity	No. of cases	Incidence
1	9	47.36%
2	6	31.57%
3	3	15.78%
4	1	5.26%



Clinical Presentation	No. of cases
Amenorrhea	19
Amenorrhea + Bleeding p/v	5
Amenorrhea+ Abdominal pain	12
Syncope	0
Shock	2

Clinical Presentation

Urine

Pregnancy Test was positive in all 19 cases.

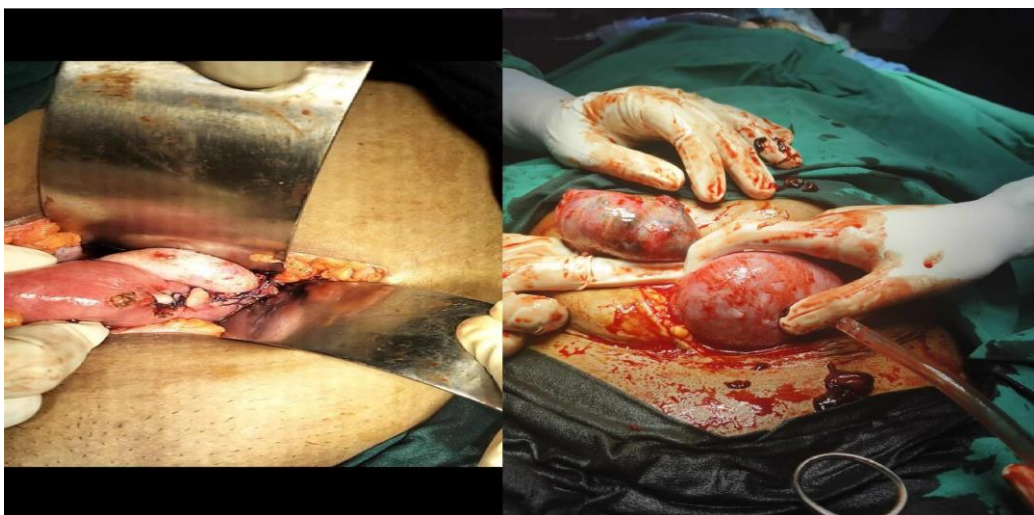
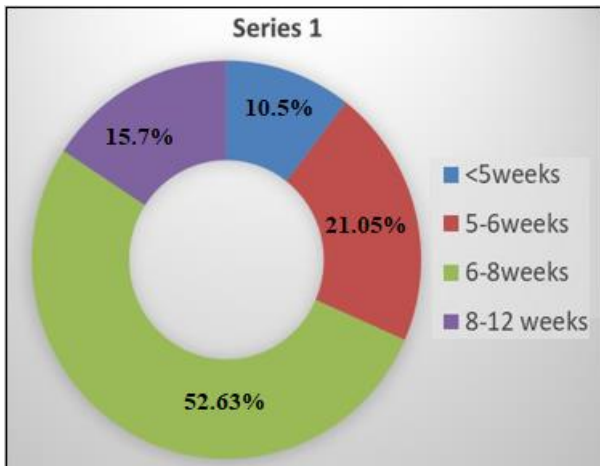
Risk Factors

Risk Factors	No. of cases
h/ o Tubal Surgery	1
IUCD	0
Previous abortion	4
Previous ectopic	0
H/ O PID	7
Infertility	2
None	5



Period of Amenorrhea

Period of Amenorrhea	No. of cases
<5 Weeks	2
5-6 Weeks	4
6-8 Weeks	10
8- 12 Weeks	3



Ruptured Cases	12
Unruptured	7
Abortion	0

Ruptured Ectopic pregnancy- 63%

Unruptured Ectopic pregnancy- 37%

Type of Surgery	No. of cases
Salpingectomy (Left/ Right)	10 (7+ 3)
B/ L Salpingectomy	4
Salpingectomy+ u/l oophorectomy	0
B/ l Salpingo- oophorectomy	0

5. Discussion

- Majority of cases in our study belongs to 20 - 30 years of age group (63.4%).
- The site of ectopic pregnancy in majority of cases in our study is ampulla (63%).
- Urine pregnancy test was positive in all cases. Although negative Urine pregnancy test does not rule out ectopic pregnancy.
- In our study majority of ectopic pregnancy was found in Primi (47.36%) □ Most common clinical finding in our study is amenorrhea + lower abdominal pain (63%).
- Highest percentage of risk factor in this study is history of pelvic inflammatory diseases (36%), previous abortion (21%).
- Out of 7 unruptured ectopic pregnancies, 3 have been medically managed and one case with cornual ectopic pregnancy involving Isthmus and intra myometrial tubal part, successfully managed medically. other cases did not fit into the criteria of medical management.
- 63% of pregnancy in this study was Ruptured ectopic pregnancy
- 84% of patients were treated surgically. Most commonly performed procedure was Laparotomy - Salpingectomy.
- Laparoscopic salpingectomy was done in 21% of cases. (2 of unruptured cases and few selective ruptured cases.)

6. Conclusion

- It is advised all the clinically suspicious patients to undergo early ultrasound & detection, hence can be managed medically or fertility sparing surgical procedures.
- In unruptured ectopic pregnancy, if clinically stable, advised laparoscopic surgery or intramuscular methotrexate which are safe and effective. But depends on patient - future fertility choice.
- Surgical management is advised if patient is hemodynamically unstable or impending rupture or intra peritoneal bleed.

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