

A Study on Clinical Profile of Ectopic Pregnancy at a Tertiary Care Centre in Western UP

Dr. Darshana Singh¹

¹Postgraduate Student, Department of Obstetrics & Gynaecology, Saraswathi Institute of Medical Sciences, Hapur, India

Abstract: ***Background:** Ectopic pregnancy is a life-threatening emergency and an important cause of maternal morbidity and mortality. Early diagnosis and appropriate management are crucial to reduce complications. **Aim:** To study the clinical profile of ectopic pregnancy in women attending a tertiary care centre. **Methods:** This prospective study was conducted at Saraswathi Institute of Medical Sciences, Hapur. All clinically and sonologically diagnosed cases of ectopic pregnancy presenting to the OPD or emergency department were included. Detailed history, clinical examination, investigations, and management (medical or surgical) were documented. **Results:** A total of 34 cases of ectopic pregnancy were observed, with an incidence of 0.87% (1 in 114 deliveries). Majority (70.6%) were aged 21–30 years. Nine were primigravida, while the rest were multiparous. Previous caesarean section was noted in 56% of cases. Abdominal pain was the most common presenting symptom, followed by amenorrhea and vaginal bleeding. Classical triad of symptoms was present in 35.4% of cases. **Conclusion:** Ectopic pregnancy should be suspected in women of reproductive age presenting with abdominal pain and menstrual irregularities. Early ultrasonography and β -hCG estimation aid diagnosis, enabling timely medical or fertility-preserving surgical management.*

Keywords: Ectopic pregnancy, Clinical profile, Risk factors, Methotrexate, Salpingectomy

1 Introduction

Ectopic pregnancy (EP) refers to implantation of a fertilized ovum outside the uterine cavity, most commonly in the fallopian tube. It remains a significant cause of maternal morbidity and mortality. Risk factors include pelvic inflammatory disease, previous pelvic surgery, prior ectopic pregnancy, infertility treatment, intrauterine contraceptive device use, and smoking. The present study was undertaken to evaluate the clinical profile, risk factors, and management outcomes of ectopic pregnancy in a tertiary care centre.

2 Materials and Methods

This prospective study was conducted in the Department of Obstetrics and Gynaecology, Saraswathi Institute of Medical Sciences, Hapur. All diagnosed cases of ectopic pregnancy (based on urinary pregnancy test, ultrasonography, and/or serum β -hCG) were included. Patients with intrauterine pregnancy or UPT negative cases were excluded.

Medical management: Hemodynamically stable patients fulfilling standard criteria received single-dose methotrexate (50 mg/m² IM).

Surgical management: Indicated for ruptured ectopic pregnancy or unstable patients. Salpingectomy was most commonly performed. Laparoscopy was preferred in stable cases, while laparotomy was reserved for ruptured ectopics with shock.

3 Results

During the study period, 34 cases of ectopic pregnancy were recorded.

- Incidence: 1 in 114 deliveries (0.87%).
- Age distribution: Majority (70.6%) between 21–30

years; youngest 19 years, oldest 38 years.

- Parity: 9 primigravida, remainder multiparous.
- Risk factors: Previous caesarean section (56%), history of abortion (17.7%), prior ectopic pregnancy (2 cases), infertility (2 cases). No identifiable risk factor in 1 patient.
- Symptoms: Abdominal pain was most common, followed by amenorrhea and bleeding. Classical triad seen in 35.4% cases.

4 Discussion

The incidence of ectopic pregnancy in this study was 0.87%, comparable to reports from other developing countries. Abdominal pain was the predominant symptom, consistent with previous literature. The classical triad was present in 35.4% of patients, which falls within the reported range of 28–95% in other studies. Advances in diagnostic modalities and management have reduced maternal mortality despite a rising incidence. Identification of risk factors, especially previous caesarean delivery and prior abortions, is essential for early suspicion and timely management.

5 Conclusion

Ectopic pregnancy remains a major clinical challenge in reproductive-aged women. High index of suspicion, early ultrasonography, and appropriate use of medical or surgical interventions can reduce morbidity and pre-serve fertility.

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