

Original Research

Evaluation of 78 cases of ectopic pregnancy

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ABSTRACT:

Background: Ectopic pregnancy is the leading cause of pregnancy related deaths in the first trimester. The present study was conducted to assess cases of ectopic pregnancy. **Materials & Methods:** 78 cases of ectopic pregnancy were enrolled. Demographic profile of each patient was recorded. A predesigned proforma was used to record the details about demographic features, risk factors, clinical features at presentation, diagnostic methods and site of ectopic pregnancy. **Results:** Age group 18-28 years had 48 and 28-38 years had 30 patients. The difference was significant ($P < 0.05$). Common clinical features were bleeding pv in 67, amenorrhea in 54, pain abdomen in 28, syncope in 32, vomiting in 19, fever in 42 and passage of clots in 11 patients. The difference was significant ($P < 0.05$). Common risk factors for ectopic pregnancy was ART in 8%, infertility in 21%, previous ectopic pregnancy in 7%, spontaneous abortion in 10%, previous abdominal surgery in 42%, dilatation and curettage in 5% and TB in 11% cases. The difference was significant ($P < 0.05$). **Conclusion:** Common risk factors for ectopic pregnancy was spontaneous abortion, previous abdominal surgery, infertility and previous ectopic pregnancy and ART.

Key words: abdominal surgery, infertility, ectopic pregnancy

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INTRODUCTION

Implantation of a fertilised ovum outside the normal uterine cavity is called ectopic pregnancy. Prevalence of ectopic pregnancy is 1–3% worldwide. Ectopic pregnancy is the leading cause of pregnancy related deaths in the first trimester.¹ The possible causes of increase in incidence of ectopic pregnancy are Pelvic inflammatory disease (PID), use of intrauterine contraception device (IUCD), tubal surgical procedures, induced abortion followed by infections, increasing age, smoking etc.²

The most common site of ectopic pregnancy is the fallopian tube, and the cause of zygote implanting into the tube is not always clear though it is postulated to be functional or anatomical tubal damage in most of the cases.³ At times, the condition can occur without any apparent predisposing factor.⁴ Incidence of ectopic pregnancy has been increasing but mortality has been declining continuously as many cases are diagnosed early and before rupture. The early diagnosis of ectopic

pregnancy is due to improvement in non-invasive techniques like transvaginal sonography and pregnancy tests in urine and serum.^{5,6} The clinical presentation of ectopic pregnancy has changed from life threatening disease requiring emergency surgery to a benign condition and in asymptomatic women nonsurgical treatment options are available now.^{7,8} The present study was conducted to assess cases of ectopic pregnancy.

MATERIALS & METHODS

The present study comprised of 78 cases of ectopic pregnancy. All were informed regarding the stud with their written consent.

Demographic profile of each patient was recorded. A predesigned proforma was used to record the details about demographic features, risk factors, clinical features at presentation, diagnostic methods and site of ectopic pregnancy. Results were analysed statistically with p value significant below 0.05.

RESULTS

Table I Age wise distribution

Age group (years)	Number	P value
18-28	48	0.05
28-38	30	

Table I shows that age group 18-28 years had 48 and 28-38 years had 30 patients. The difference was significant (P< 0.05).

Table II Clinical features in patients

Clinical features	Number	P value
Bleeding pv	67	0.05
Amenorrhea	54	
Pain abdomen	28	
Syncope	32	
vomiting	19	
Fever	42	
Passage of clots	11	

Table II, graph I shows that common clinical features were bleeding pv in 67, amenorrhea in 54, pain abdomen in 28, syncope in 32, vomiting in 19, fever in 42 and passage of clots in 11 patients. The difference was significant (P< 0.05).

Graph I Clinical features in patients

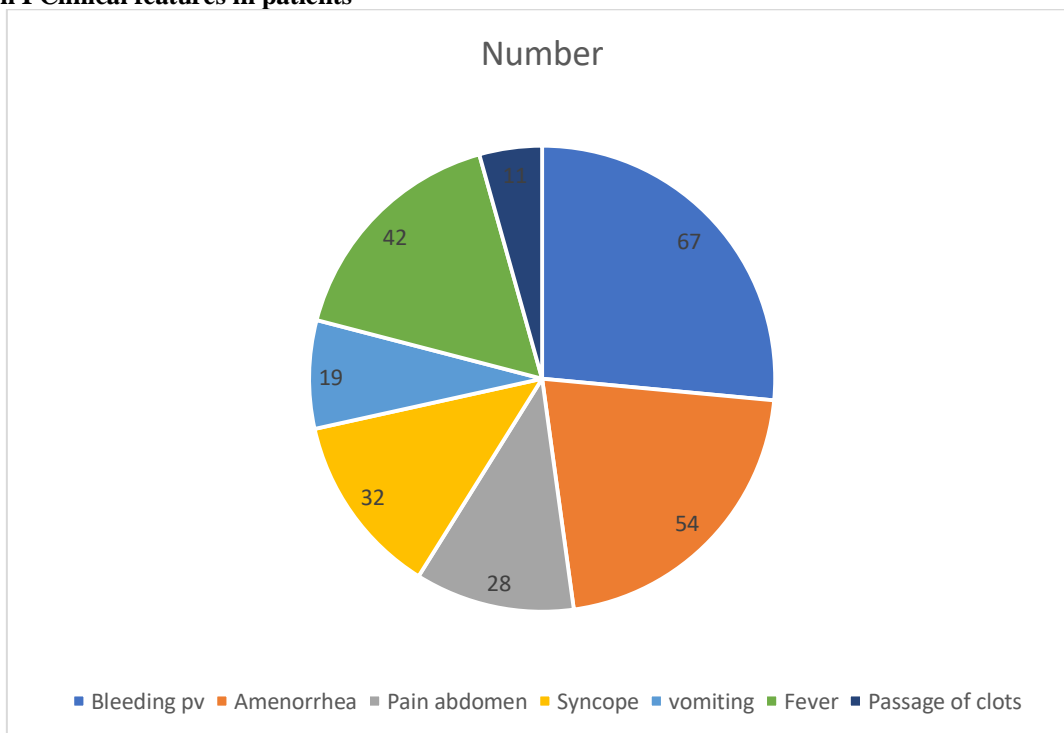


Table III Evaluation of risk factors

Risk factors	Percentage	P value
ART	8%	0.01
Infertility	21%	
Previous ectopic pregnancy	7%	
Spontaneous abortion	10%	
Previous abdominal surgery	42%	
Dilatation and curettage	5%	
TB	11%	

Table III shows that common risk factors for ectopic pregnancy was ART in 8%, infertility in 21%, previous ectopic pregnancy in 7%, spontaneous abortion in 10%, previous abdominal surgery in 42%, dilatation and curettage in 5% and TB in 11% cases. The difference was significant (P< 0.05).

DISCUSSION

Although women with ectopic pregnancy frequently have no identifiable risk factors, a prospective case-controlled study has shown that increased awareness of ectopic pregnancy and a knowledge of the associated risk factors helps identify women at higher risk in order to facilitate early and more accurate diagnosis.⁹ Most risk factors are associated with risks of prior damage to the Fallopian tube.¹⁰ These factors include any previous pelvic or abdominal surgery, and pelvic infection. Chlamydia trachomatis has been linked to 30-50% of all ectopic pregnancies.^{11,12} The present study was conducted to assess cases of ectopic pregnancy.

In present study, age group 18-28 years had 48 and 28-38 years had 30 patients. Islam et al¹³ evaluated the frequency of risk factors, clinical presentation, diagnostic methods and site of ectopic pregnancy. Out of total 6675 patients admitted during the study period, 45 cases of ectopic pregnancy were diagnosed with frequency of ectopic pregnancy to be 0.65%. Mean age of the patients was 28.98±5.525. Majority of patients were primigravida 14 (31.3%), 9 (20.0%) gravida 2, 5 (11.1%) gravida 3, 4 (8.8%) gravida 4, 7 (15.5%) gravida 5, 6 (13.3%) found grand multi out of total 45 ectopic pregnancies, 45% of the patients had no identifiable risk factors, however history of infertility 20 (22.22%), history of Pelvic inflammatory disease (PID) 10 (22.22%), previous ectopic 2 (4.44%) and previous abdominal pelvic surgery 3 (6.67%) were identified as common risk factors of 45 ectopic pregnancies. Out of total 45 sufferers 23 (51.11%) were clinically diagnosed, 20 (44.44%) through abdominal ultrasound and 2 (4.44%) through transvaginal ultrasound. The most frequent clinical presentation was amenorrhea 30 (66.67%) followed by abdominal pain 28 (62.22%), irregular vaginal bleeding 18 (40.00%), asymptomatic patients with routine ultrasound 18 (40.0%) and 10 (22.22%) presented in shock. Twenty-eight (62.2%) of the ectopic pregnancies were found in right sided fallopian tube and 17(37.8%) were found in left sided fallopian tube. The commonest site of ectopic pregnancy was ampulla 29 (64.44%) followed by 11 (24.44%) Isthmus, 4 (8.89%) fimbrial end and 1 (2.22%) were rudimentary horn of uterus out of total 45 ectopic pregnancies. Evidence of 32 (71.1%) patients with ruptured ectopic was recorded. Thirteen (28.9%) were unruptured ectopic.

We found that common clinical features were bleeding pv in 67, amenorrhea in 54, pain abdomen in 28, syncope in 32, vomiting in 19, fever in 42 and passage of clots in 11 patients.

We found that common risk factors for ectopic pregnancy was ART in 8%, infertility in 21%, previous ectopic pregnancy in 7%, spontaneous abortion in 10%, previous abdominal surgery in 42%, dilatation and curettage in 5% and TB in 11% cases. Tak et al¹⁴ determined the risk factors, clinical

features at presentation, diagnostic tools, management modalities and outcome of ectopic pregnancies in 90 cases of ectopic pregnancies. Majority of the patients belonged to 21-30 yrs age group. Maximum number of cases (57%) had a history of previous abdomino pelvic surgery. The predominant symptom was amenorrhea (96.6%) and classical triad of amenorrhea, bleeding per vagina and abdominal pain was seen in 30% of the study population. Majority of the patients i.e 76.7% underwent surgical intervention. Most common age group at presentation is 21-30years. History of previous abdominal surgery being the most important risk factor whereas amenorrhea was the most common symptom. Surgical intervention was the main mode of management in ruptured ectopic pregnancy.

Kathpalia et al¹⁵ enrolled eighty suspected cases of ectopic pregnancy were incorporated in the study. The management was done based on standard practice. All the cases underwent urine pregnancy test, routine blood investigations including blood group, and transvaginal ultrasound. Serial β hCG was measured in cases where the diagnosis was not clear initially. Incidence of ectopic was 2.46 per 100 deliveries; there was no apparent risk factor in 28.7% and many cases had more than one risk factor. 'Triad' of ectopic was present in only 21 cases. Sixteen cases were asymptomatic and two were admitted as emergency. Ultrasound findings were inconsistent and wide ranging. In 37 doubtful cases, β hCG was measured serially. There was one case of suspected interstitial pregnancy confirmed on laparoscopy. Twenty-seven cases were managed medically, and 9 were managed expectantly. Forty-six cases were managed surgically either by laparoscopy or by laparotomy. Salpingectomy was performed in 37 cases, and salpingostomy in 7 cases either laparoscopically or by laparotomy.

The shortcoming of the study is small sample size.

CONCLUSION

Authors found that common risk factors for ectopic pregnancy was spontaneous abortion, previous abdominal surgery, infertility and previous ectopic pregnancy and ART.

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