ORIGINAL ARTICLE

TRENDS OF ECOTOPIC PREGNANCY IN THE STATE – AN INSTITUTIONAL BASED RETROSPECTIVE STUDY

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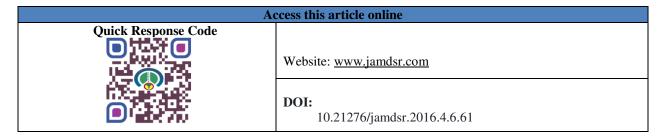
ABSTRACT:

Introduction: Ectopic pregnancy is a common condition in women in child bearing age group and accounts for an incidence of 1-3%. It is the leading cause of maternal death during the early pregnancy. It accounts for 10-15% of all the maternal deaths. The present study was done to establish the incidence, clinical features and the most common site involved in ectopic pregnancy. **Materials and methods:** A retrospective study was conducted for a period of 1 year in institute, state. Data was collected from all the patients with ectopic pregnancy in a predesigned Performa. All the required investigations were performed before the surgery. The data regarding all the females was taken from the case record in labour ward and operation theatre registers. **Conclusion:** Females above 35 years were commonly affected by ectopic pregnancy with predominance of tubal pregnancy. Pain was the most common presenting symptom in our study.

Keywords: Ectopic, Pain, Pregnancy, Retrospective

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NTRODUCTION

The most recent and frequent challenges faced by obstetrician and gynaecologist is ectopic pregnancy because of its varied clinical presentation. It is a common condition in women in child bearing age group and accounts for an incidence of 1-3%.¹ It is defined as implantation of fertilised ovum in an area other than endometrial lining of uterus.² It is the leading cause of maternal death during the early pregnancy.³ It accounts for 10-15% of all the maternal deaths.⁴ Its incidence in United Kingdom is about 1 per 300 mature intrauterine pregnancy⁵, in West Indies is about 1:28 pregnancy and in United States is about 19.7 per 1000 as in 1992.⁶

The etiology of ectopic pregnancy is not well established but several risk factors are involved in its causation. Some of them include tubal surgery, previous ectopic pregnancy, infertility, chronic salpingitis, smoking or any previous pelvic or abdominal surgery. With various technological advances the diagnosis of ectopic pregnancy has become early and the incidence of ruptured ectopic pregnancy has greatly declined. All this enables the doctors to employ conservative medical treatment.⁷ The present study was done to establish the incidence, clinical features and the most common site involved in ectopic pregnancy

MATERIALS AND METHODS

A retrospective study was conducted for a period of 1 year (January, 2016- December, 2016) in the institute, state. Total of 519 patients reported to the department for the purpose of deliveries. Out of these patients, 20 patients reported with ectopic pregnancy. Data was collected from all the patients with ectopic pregnancy in a predesigned preforma. Females of all the age group were included in the study. There were no exclusion criteria. The data regarding all the females was taken from the case record in labour ward and operation theatre registers.

All the required investigations were performed before the surgery. The investigations included complete blood examination, urine pregnancy test, blood group, HIV/HBs Ag and ultrasound. The collected data was sorted and arranged in a tabulated form. The incidence was calculated in percentage. The analysis of data was done using SPSS software.

RESULTS

Total of 519 vaginal deliveries reported to the institute during the study period. Out of which 20 patients reported with ectopic pregnancy (3%). Ultrasound helped in diagnosing 8 cases of ectopic pregnancy. The most

common gestational period was 5-8 weeks with a range of 4-14 weeks.

Right side ectopic pregnancy was most common involving 12 patients out of 20 patients.(Table 4)

Table 1 shows demographic data of patients with ectopic pregnancy. Majority of cases were above 35 years of age. The table clearly demonstrates that incidence of ectopic pregnancy increases with age. The patients were aged between 23-49 years in this study. The incidence of ectopic pregnancy between the age group of 25-35 years was same as that between 35-45 years ie 40%.

Table 2 shows that pain was the most common presenting symptom in approximately 22.7% of cases. A classic triad of pregnancy ie pain, amenorrhea and bleeding was seen in 10.4% of cases.

Table 3 shows that tubal ectopic pregnancy is most common involving 95% of cases. Among tubal pregnancy, the most common site was ampulla (55%), Fimbriae (25%), Isthmus (15%) followed by interstitium (5%).

Table 4 depicts that 80 % of cases were of ruptured ectopic pregnancy and 20% cases of unruptured ectopic pregnancy.

 Table 1: Demographic parameters

Age Group (Yrs)	No. Of Cases (%)	Gravid a	No. Of Cases (%)	Parit y	No. Of Cases (%)
< 25	1 (5%)	1	0(0%)	0	2(10%)
25-35	4(20%)	2	8(40%)	1	10(50%)
35-45	10(50%)	4	8(40%)	3	8(40%)
>45	5(25%)	>4	4(20%)	>3	0(0%)

Table 2: distribution according to signs and symptoms

Symptom	No. Of	Percentage
	cases	
Pain	118	22.7%
h/o amenorrhea	67	12.9%
Cervical tenderness	62	11.9%
Shock	42	9.4%
Classic triad	54	10.4%
Abdominal	57	10.9%
tenderness		
Abdominal	40	7.7%
distension		
Bleeding	53	10.2%
Abdominal mass	36	6.9%

Table 3: Distribution according to site of ectopic pregnancy

Site	No. cases	Of	Percentage
Ampulla	11		55%
Isthmus	3		15%
Fimbrial	5		25%
Tubal abortion	0		0
Interstitial	1		5%
Ovarian	0		0
Rudimentary	0		0
horn			
Abdominal	0		0

Table 4: Distribution according to condition of tube

Tube	No.	Of	Percentage
	cases		
Right	12		60%
Left	8		40%
Ruptured	16		80%
unruptured	4		20%

DISCUSSION

The incidence of ectopic pregnancy in our study was 3% which is quite high compared to other studies. A study done by Rajendra et al⁸ show the incidence to be 1.99%. The incidence was 6.1% according to a study by Isabu PA et al⁹ in Nigerian population. According to a study by Khaleeque et al¹⁰ the incidence was 1.3%. the most common age group involved in our study was 35-45 years but in the study by Khaleeque et al¹⁰ the most common age group was 20-30 years (57.68%).

According to Shetty and Shetty¹¹ the most common presentation of ectopic pregnancy was pain in 80.6% cases and amenorrhea in 77.4% cases, which were similar to our study. According to a study by Ilesamni et al¹²; pain, amenorrhea and vaginal bleeding were the most common presenting symptoms of ectopic pregnancy. Classic triad of ectopic pregnancy was found in 60% of cases in a study by Sing et al¹³. It was seen in 10.4% of cases in our study. Sometimes these presenting symptoms like pain, amenorrhea and bleeding are absent in 50% of cases, thereby leading to difficulty in clinical diagnosis.¹⁴ The diagnosis of ectopic pregnancy cases is easy as majority of patients present with ruptured ectopies, therefore presenting to the hospital with shock and pallor. They are give a positive non clotting blood during aspiration when paracentesis or culdocentesis are performed.

According to a study by Musa et al¹⁵, the most common side affected is right which was similar to our study. In 60% of the cases right side was affected in our study.

According to a study by Yakasai et al¹⁶, tubal pregnancy was found in 89.8% of cases and in our case tubal pregnancy was found in 95% of cases. Fimbriae (17.30%) was regarded as the second most common site of tubal pregnancy in a study by Khaleeque et al¹⁰, it was similar to our study. The incidence of interstitial pregnancy (10.3%) was comparatively higher in a study by Khaleeque et al¹⁰ as compared to our study.

CONCLUSION

From the above study it can be concluded that incidence of ectopic pregnancy is more after 35 years of age. With the advent of technological advances, the incidence is thought to decrease with due course of time as diagnosis will be possible at appropriate time. The most common site of ectopic pregnancy is fallopian tubes with predominance of right side.

REFRENCES

- 1. Farquhar CM (2005) Ectopic pregnancy. Lancet 366,583–591.
- Peter SU, Sara HG (1994). Pregnancy risks. In: DeCherney AH, Pernoll ML, editors. Current obstetric and gynecologic diagnosis and treatment: Appleton and Lange.
- Department of Health. In: Drife J, Lewis G, editors. Why Mothers Die: A Confidential Enquiry into the Maternal Deaths in the United Kingdom. Norwich, UK: HMSO; 2001. p. 282.
- Majhi AK, Roy N, Karmakar KS, Banerjee PK (2007). Ectopic pregnancy-an analysis of 180 cases. J. Indian Med. Assoc. 105(6):308, 10, 12 passim.
- Grudzinskas JG(1999). Miscarriage ectopic Pregnancy and trophoblastic disease. In: Edmonds DK, Dewhurst J, editors. Dewhurst's textbook of obstetrics and gynaecology for postgraduates: BLACKWELL SCIENCE Incorporated. Pp. 61-75.
- Cunningham FG, MacDonald PC, Gant NF(2005). Ectopic pregnancy. In: Cunningham FG, Williams JW, editors. Williams Obstetrics: McGraw-Hill Professional Publishing. Pp. 607-634.
- Barnhart KT. Clinical practice. Ectopic pregnancy. N Engl J Med 2009;361:379-87.
- Rajendra Wakankar1, Kshama Kedar. Ectopic Pregnancy -A rising Trend. International Journal of Scientific Study ;August 2015, Vol 3,5:18-22
- Isabu PA,Eifediyi RA, Umelo CC,Ikhelo AJ and Affusim C. Trends in Ectopic pregnancy in a Nigerian sub-rural teaching Hospital. Stand Glob. J. Med. Med. Sci:Vol 1(4): 082-090, July 2014.
- Khaleeque F, Siddiqui RI, Jafarey SN. Ectopic pregnancies: A three year study. J Pak Med Assoc 2001;51:240-3.
- Shetty S, Shetty A. A clinical study of ectopic pregnancies in a tertiary care hospital of Mangalore, India. Innov J Med Health Sci 2014;4:305-9.
- Ilesanmi A, Sobowale O (1992). Ectopic pregnancy in Ibadan, Nigeria. Niger Med. J. 23: 11-14
- 13. Singh S, Mahendra G, Vijayalakshmi S, Pukale RS. Clinical study of ectopic pregnancy in a rural setup: A two year survey. Natl J Med Res2014;4:37-9.
- Stuart C, Ash M (2000). Disorders of early Pregnancy (ectopic, miscarriage, G.T.D). In: Campbell S, Monga AK, editors. Gynaecology by Ten Teachers: Hodder Arnold. Pp. 102-112.
- Musa J, Daru P, Mutihir J, Ujah I (2009). Ectopic pregnancy in Jos Northern Nigeria: prevalence and impact on subsequent fertility. Nigerian journal of medicine: journal of the National Association of Resident Doctors of Nigeria. 18(1): 35.
- Yakasai IA, Abdullahi J, Abubakar IS. Management of ectopic pregnancy in Aminu Kano teaching hospital Kano Nigeria: A 3-year. Glob Adv Res J Med Med Sci 2012;1:181-5.

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