



ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

CLINICAL STUDY OF ECTOPIC PREGNANCY IN A TERTIARY CARE CENTER

KEY WORDS: ectopic, salpingectomy, laparotomy

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ABSTRACT

Introduction: Fertilized ovum may lodge in any portion of the fallopian tube giving rise to ampullary, isthmic and interstitial tubal pregnancy. Ampulla is the most common site followed by isthmic region. As the fallopian tube lacks submucosal layer, fertilized ovum promptly burrows through the epithelium, zygote comes to linear or within the muscularis. Embryo or fetus is often absent or stunted. **Risk factors:** previous ectopic pregnancy, fertility restoration, tubal infections, congenital fallopian tube defects, Infertility treatment. Classic presentation includes Triad of Delayed menstruation; Pain; Vaginal bleeding or spotting. Objectives: To study risk factors, clinical features and management of ectopic pregnancy. Methods: Retrospective study done in Department of Obstetrics and Gynaecology at Government General Hospital, Guntur from January 2022 to June 2022. Sample size- 25.

Results:

Out of 25

- Ruptured ectopic pregnancy 56%
- Unruptured ectopic pregnancy – 28%
- Tubal abortion – 16%.

Based on site on the fallopian tube

- Ampulla -48%
- Isthmic –20%
- Fimbrial - 16%
- Cornual -8%
- Ovary –8%

Procedure:

- Laparotomy with total salpingectomy -44%
- Laparotomy with partial salpingectomy-28%
- Laparotomy with salpingo-opherectomy-12%
- Laparoscopic salpingostomy-4%
- Laparoscopy with partial salpingectomy – 4%
- Laparoscopy with unilateral oopherectomy-4%
- Laparoscopy with salpingoopherectomy +left side tubal ligation-4%

Conclusion: With early diagnosis and management of ectopic pregnancy, maternal morbidity and mortality can be decreased upto large extent.

INTRODUCTION

Ectopic Pregnancy is one in which fertilised ovum gets implanted at the site other than normal uterine cavity . Tubal pregnancy is not synonymous but the most common type of ectopic pregnancy. Fertilized ovum may lodge in any portion of the fallopian tube giving rise to ampullary, isthmic and interstitial tubal pregnancy.

Risk Factors previous ectopic pregnancy, tubal surgeries, tubal infections, Infertility treatment.

Classic presentation includes :Triad of -Amenorrhoea; Pain; Vaginal bleeding or spotting.

AIMS AND OBJECTIVES:

To study

- Risk factors
- Clinical features
- Management of ectopic pregnancy.

MATERIALS AND METHODS:

- Type of study :Prospective study
- Place of study:Department of Obstetrics and Gynaecology at Government General Hospital, Guntur.
- Duration of study:6 months (January 2022 to June 2022)
- Sample size - 25.

RESULTS:

Table 1: Ectopic Pregnancy In Relation To Age

| Age group(years) | No. of cases | Percentage |
|------------------|--------------|------------|
| </= 20 | 3 | 12% |
| 21-25 | 10 | 40% |
| 26-30 | 8 | 32% |
| 31-35 | 3 | 12% |
| 36-40 | 1 | 4% |
| Total | 25 | 100% |

Table 2: Distribution Of Cases Based On Parity

| Parity | No. of cases | Percentage |
|--------|--------------|------------|
| Primi | 10 | 40% |
| Multi | 15 | 60% |
| Total | 25 | 100% |

Table 3: Ectopic Pregnancy In Relation To Risk Factors

| Risk Factors | No. of cases | Percentage |
|-----------------------|--------------|------------|
| None | 8 | 32% |
| Tubectomised | 4 | 16% |
| IUCD in-situ | 1 | 4% |
| Infertility treatment | 5 | 20% |
| PID | 5 | 20% |
| Previous ectopic | 2 | 8% |
| Total | 25 | 100% |

Table 4: Symptoms Of Presentation

| Symptoms | No. of cases | Percentage |
|-------------|--------------|------------|
| Amenorrhoea | 4 | 16% |

| | | |
|--|----|-----|
| Amenorrhoea+ Pain in abdomen | 13 | 52% |
| Amenorrhoea+ Pain in abdomen+ Bleeding per vaginum | 8 | 32% |

Table 5: Site Of Ectopic Pregnancy On Ultrasonography

| Site | No. of cases | Percentage |
|---------|--------------|------------|
| Tubal | 21 | 84% |
| Ovarian | 3 | 12% |
| Cornual | 1 | 4% |
| Total | 25 | 100% |

Table 6: Site Of Ectopic Pregnancy On Laparotomy

| Site | No. of cases | Percentage |
|--------------|--------------|------------|
| Tubal: | | |
| Ampulla | 13 | 52% |
| Isthmus | 5 | 20% |
| Fimbria | 4 | 16% |
| Interstitial | 1 | 4% |
| Ovarian | 2 | 8% |
| Total | 25 | 100% |

Table 7: Mode Of Termination Of Ectopic Pregnancy

| Condition of tube | No. of cases | Percentage |
|---------------------------|--------------|------------|
| Rupture | 16 | 64% |
| Unruptured | 5 | 20% |
| Process of Tubal abortion | 4 | 16% |
| Total | 25 | 100% |

Table 8: Management Of Ectopic Pregnancy

| Procedure | No. of cases | % |
|--|--------------|-----|
| Medical management with Methotrexate | 3 | 12% |
| Laparotomy with unilateral total salpingectomy | 13 | 52% |
| Laparotomy with unilateral partial salpingectomy | 6 | 24% |
| Laparotomy with unilateral salpingo-oophorectomy | 1 | 4% |
| Laparotomy with cornual resection with ipsilateral salpingectomy | 1 | 4% |
| Linear salpingostomy | 1 | 4% |

Table 9: Amount Of Blood Loss In Ectopic Pregnancy

| Amount of Blood in peritoneal cavity | No. of cases | Percentage |
|--------------------------------------|--------------|------------|
| < 500ml | 9 | 36% |
| 500-1000ml | 8 | 32% |
| 1000-1500ml | 3 | 12% |
| >1500ml | 2 | 8% |

Table 10: Incidence Of Blood Transfusion For Management

| | No. of cases | Percentage |
|----------------------|--------------|------------|
| No transfusion given | 7 | 28% |
| Transfusion given | 18 | 72% |
| Total | 25 | 100% |

DISCUSSION

- In the present study, we found that the most common age group in which ectopic was seen was 21-25 years (40%) similar to that reported by Chate MT et al¹ (36.55%)
- Multiparous woman was found to be more prone to ectopic pregnancy in our study(76%) similar to Chate MT et al¹; Most. Sabina Yeasmin et al²; M. B. Swami et al³.
- In our study, history revealed presence of at least one risk factor in 68%.
- In present study, abdominal pain and amenorrhea was present in 52% cases suggestive of most common presentation similar to Chate MT et al¹ 92.47% & 77.41% respectively.
- Commonest site for ectopic pregnancy is ampulla in present study accounting for 52% cases similar to Chate MT et al¹ (51.61%)
- Second common site in our study was isthmus(20%) similar to M. B. Swami et al³ (20.58%).

- Tubal rupture is the most common fate of tubal pregnancy in our study(64%) similar to Chate MT et al¹; Sabina et al²; M. B. Swami et al³.
- In our study laparotomy with total salpingectomy was most common procedure done 44% and 72% needed blood transfusion as most women presented with ruptured tubal ectopic.
- Chate MT et al¹ reported unilateral salpingectomy was done in 75.26% cases and M. B. Swami et al³ reported 88.24%.
- No deaths due to ectopic pregnancy during the period of our study.

CONCLUSION

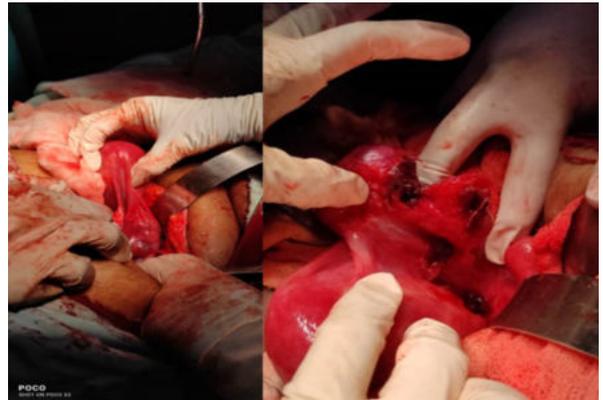
Early identification of underlying risk factors, diagnosis with the essential aids like transvaginal ultrasound and timely intervention will definitely help in reducing the morbidity and mortality associated with ectopic pregnancy and to improve the future reproductive outcome.



CASE 1



CASE 2



CASE 3

REFERENCES

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