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Assessment of cases of ectopic pregnancy

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Abstract
Background: Implantation of a fertilised ovum outside the normal uterine cavity is called ectopic pregnancy. The present study was conducted to assess cases of ectopic pregnancy.
Materials & Methods: 58 cases of ectopic pregnancy in age ranged 18- 40 years were subjected to urine pregnancy test and transvaginal ultrasound examination. Parameters such as age, blood group, parity, history of previous ectopic pregnancy, previous abdominal surgery etc. were studied.
Results: Common risk factors for ectopic pregnancy was ART in 7%, spontaneous abortion in 10%, previous abdominal surgery in 46%, infertility in 12%, previous ectopic pregnancy in 8%, dilatation and curettage in 7% and TB in 10% cases. Common clinical features were bleeding pv in 24%, vomiting in 14%, syncope in 6%, amenorrhea in 75%, pain abdomen in 84%, fever in 15% and passage of clots in 23%. The difference was significant ($P < 0.05$).
Conclusion: Common risk factors for ectopic pregnancy was ART, spontaneous abortion, previous abdominal surgery, infertility and previous ectopic pregnancy.

Keywords: Spontaneous abortion, abdominal surgery, infertility

Introduction
Implantation of a fertilised ovum outside the normal uterine cavity is called ectopic pregnancy. Of all the recognised pregnancies, the incidence of ectopic pregnancy is 2% approximately. Fallopian tube is the most commonest location for ectopic pregnancy (95% [1]. In Fallopian tube, most common site is the ampulla, followed by isthmus, infundibulum and interstitium. In Ectopic Pregnancy (EP) gestational sac is implanted outside the endometrial lining [2]. The incidence of EP is around 1-2% in most hospital based studies and has been on the rise during the last few decades. Classic triad of amenorrhea, abdominal pain and vaginal bleeding is may not be seen in majority of cases. Women may present with non-specific symptoms, unaware of an ongoing pregnancy or even present with hemodynamic shock [3].
The clinical triad of ectopic pregnancy includes amenorrhoea, abdominal pain and bleeding per vagina. Other symptoms include haemorrhagic shock, passage of fleshy casts, fever and vomiting [4]. The early diagnosis of ectopic pregnancy is due to improvement in non- invasive techniques like transvaginal sonography and pregnancy tests in urine and serum. 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 [5].
Gynecologists should have comprehensive knowledge about the clinical presentation and risk factors of EP. If suspected clinically, encouraging women to undergo early ultrasonography allows early detection of EP and can be managed medically or fertility sparing surgical procedures [6]. The present study was conducted to assess cases of ectopic pregnancy.

Materials & Methods
The present study comprised of 58 cases of ectopic pregnancy in age ranged 18- 40 years. All were informed regarding the stud with their written consent. Ethical clearance was sorted before starting the study.
Demographic profile of each patient was recorded. Patients were subjected to urine pregnancy test and transvaginal ultrasound examination. Parameters such as age, blood group, parity, history of previous ectopic pregnancy, previous abdominal surgery etc. were studied. Symptoms like bleeding per vagina, amenorrhea, pain abdomen and shock were recorded. Results were analysed statistically with p value significant below 0.05.

Results

Table 1: Assessment of risk factors

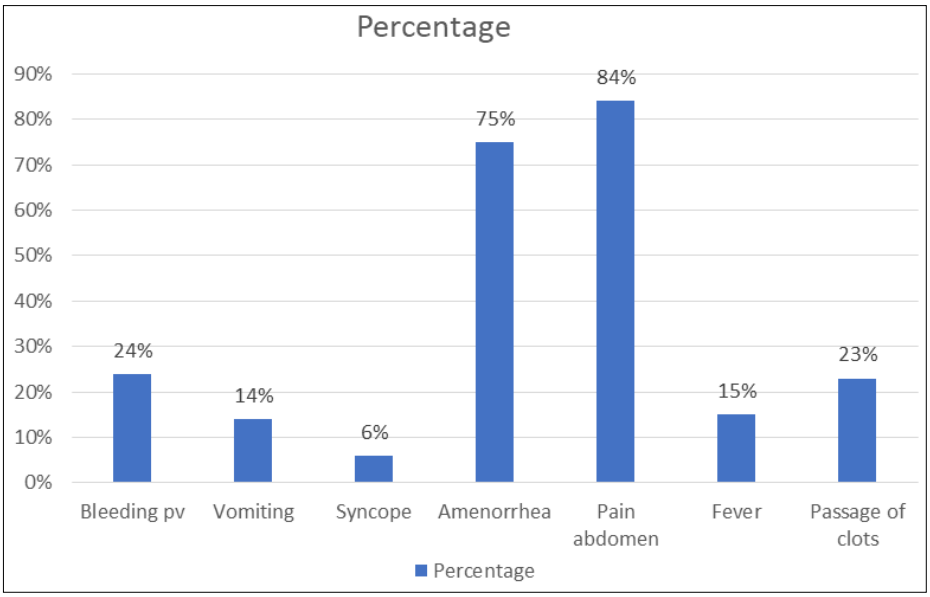
Risk factors	Percentage	P value
ART	7%	0.01
Spontaneous abortion	10%	
Previous abdominal surgery	46%	
Infertility	12%	
Previous ectopic pregnancy	8%	
Dilatation and curettage	7%	
TB	10%	

Table I shows that common risk factors for ectopic pregnancy was ART in 7%, spontaneous abortion in 10%, previous abdominal surgery in 46%, infertility in 12%, previous ectopic pregnancy in 8%, dilatation and curettage in 7% and TB in 10% cases. The difference was significant ($P< 0.05$).

Table 2: Assessment of clinical features

Clinical features	Percentage	P value
Bleeding pv	24%	0.03
Vomiting	14%	
Syncope	6%	
Amenorrhea	75%	
Pain abdomen	84%	
Fever	15%	
Passage of clots	23%	

Table II, graph I shows that common clinical features were bleeding pv in 24%, vomiting in 14%, syncope in 6%, amenorrhea in 75%, pain abdomen in 84%, fever in 15% and passage of clots in 23%. The difference was significant ($P< 0.05$).



Graph 1: Assessment of clinical features

Discussion

An ectopic pregnancy occurs when a fertilised ovum implants outside the normal uterine cavity [7]. It is a common cause of morbidity and occasionally of mortality in women of reproductive age. The aetiology of ectopic pregnancy remains uncertain although a number of risk factors have been identified. Its diagnosis can be difficult [8]. In current practice, in developed countries, diagnosis relies on a combination of ultrasound scanning and serial serum beta-human chorionic gonadotrophin (β-hCG) measurements [9]. 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 [10]. Most risk factors are associated with risks of prior damage to the Fallopian tube. 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]. The present study was conducted to assess cases of ectopic pregnancy.

In present study, common risk factors for ectopic pregnancy was ART in 7%, spontaneous abortion in 10%, previous abdominal surgery in 46%, infertility in 12%, previous ectopic pregnancy in 8%, dilatation and curettage in 7% and TB in 10% cases. Tak *et al.* [12]. 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.

We observed that common clinical features were bleeding pv in 24%, vomiting in 14%, syncope in 6%, amenorrhea in 75%, pain abdomen in 84%, fever in 15% and passage of clots in 23%. Nethra *et al.* [13] determined the incidence, risk factors, clinical features and management. A total of 34 patients were diagnosed to have ectopic pregnancy with an incidence of 1in 114 deliveries were studied. The cause of ectopic pregnancy was dilatation and curettage in 11.8% and PID, infertility, prior tubal surgery, previous abortions and OCP usage each contributes by 5.9%. Surgical treatment with salpingectomy was done in majority of the cases and medical management in 3 patients.

Blood transfusions were given in 38.2% of cases. Postoperative period is uneventful in all the cases. Ectopic pregnancy is leading cause of maternal mortality in first trimester. In spite of advanced diagnostic techniques, it poses great diagnostic difficulties due to varied signs and symptoms. Previous tubal surgery pelvic inflammatory disease and infertility are the risk factors of tubal pregnancy. In study done by Priyadarshini *et al*. [14] among 62,588 women with ectopic pregnancy 49,090 women (78.4%) underwent surgery and 13,498 women (21.6%) received medical management with methotrexate.

Patients with an ectopic pregnancy commonly present with pain and vaginal bleeding between 6 and 10 weeks' gestation. However, these are common symptoms in early pregnancy, with one third of women experiencing some pain and/or bleeding. The pain can be persistent and severe and is often unilateral. However unilateral pain is not always indicative of ectopic pregnancy as, in early pregnancy, a prominent painful ovarian corpus luteum cyst is common. Shoulder tip pain, syncope and shock occur in up to 20% of women and abdominal tenderness in more than 75%. Bimanual examination, if performed at all, should be done cautiously and gently. Cervical motion tenderness has been reported in up to 67% of cases, and a palpable adnexal mass in about 50%. More recently, it has been reported that one third of women with ectopic pregnancy have no clinical signs and 9% have no symptoms [15].

Conclusion

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

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