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Dr. Reetika Joshi
Department of Obstetrics and Gynaecology, St Stephen's Hospital, Delhi, India

Dr. Raisa Samuel
Department of Obstetrics and Gynaecology, St Stephen's Hospital, Delhi, India

Dr. Naimaa Chaudhary
Department of Obstetrics and Gynaecology, St Stephen's Hospital, Delhi, India

Corresponding Author:
Dr. Reetika Joshi
Department of Obstetrics and Gynaecology, St Stephen's Hospital, Delhi, India

The clinical profile and outcome of ectopic gestation in a tertiary care hospital in North India: A two years review

Dr. Reetika Joshi, Dr. Raisa Samuel and Dr. Naimaa Chaudhary

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Abstract
Ectopic pregnancy is one of the life-threatening complications in the first trimester of pregnancy which leads to morbidity and mortality in women. We have looked at the clinical profile and outcomes of ectopic gestation in our tertiary care hospital for two years.

Keywords: Ectopic pregnancy, tubal abortion, scar ectopic pregnancy, total salphingectomy, methotrexate

Introduction
An ectopic pregnancy occurs when conceptus implants outside the endometrial cavity. Incidence of ectopic pregnancy is around 2% [1]. The risk factors for ectopic pregnancy includes infertility, ART, tubal surgeries, genital tuberculosis and PID. It is one of the common causes of morbidity and mortality in women with early pregnancy [2]. Hence timely diagnosis and active management is highly important. We present retrospective descriptive study to evaluate clinical presentation and outcome of ectopic gestation in a tertiary care hospital in North India.

Methodology
This study was conducted in St Stephen's Hospital, New Delhi in the department of Obstetrics and Gynaecology. We included all the patients who were admitted with ectopic pregnancy for 2 years from January 2021 - December 2022. The case records were retrieved from the medical records department after getting approval from the hospital ethical committee. Patient characters like age, parity, gestational age, risk factors, preoperative diagnosis, clinical presentation, USG findings and hemoglobin were noted. The mode of diagnosis, management modality, complications, blood loss and the need for blood transfusions were also recorded. The primary outcome of the study was the incidence of ectopic pregnancy in our hospital, risk factors and the management modality with associated complications. We used kobo toolbox software for data entry and analysis.

Results
Total of 73 patients with ectopic pregnancy who were admitted in our hospital during the period of January 2021 and December 2022 were studied.

Table 1: Age distribution

Age Group	
< 20	0
21-25	9
26-30	29
31-35	27
> 35	8

n = 73

Maximum patients were in the age group of 26-30 (39.7%) and 31-35 (36.9%) years.
In our study 29 patients (39.73%) with ectopic pregnancy were primigravida and 44 patients (60.27%) were multigravidas. In our study 47.9% of patients were diagnosed with ectopic pregnancy between 6 to 7 weeks of gestation.

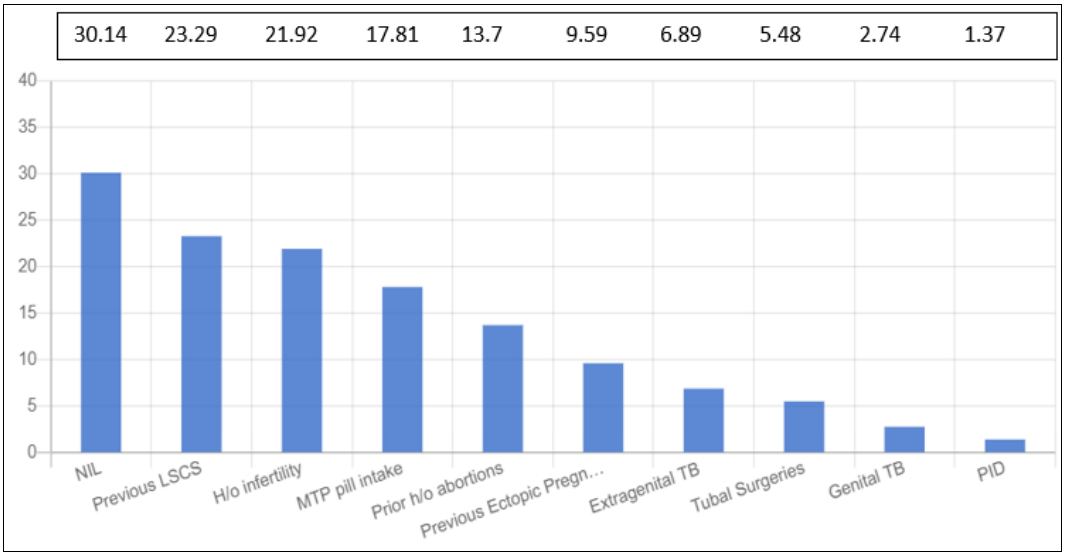

Fig 1: Risk factors in percentages

In our study out of 73 patients 22 patients had no risk factors, 17 patients were previous LSCS, 16 had history of infertility and 13 had history of MTP pill intake.

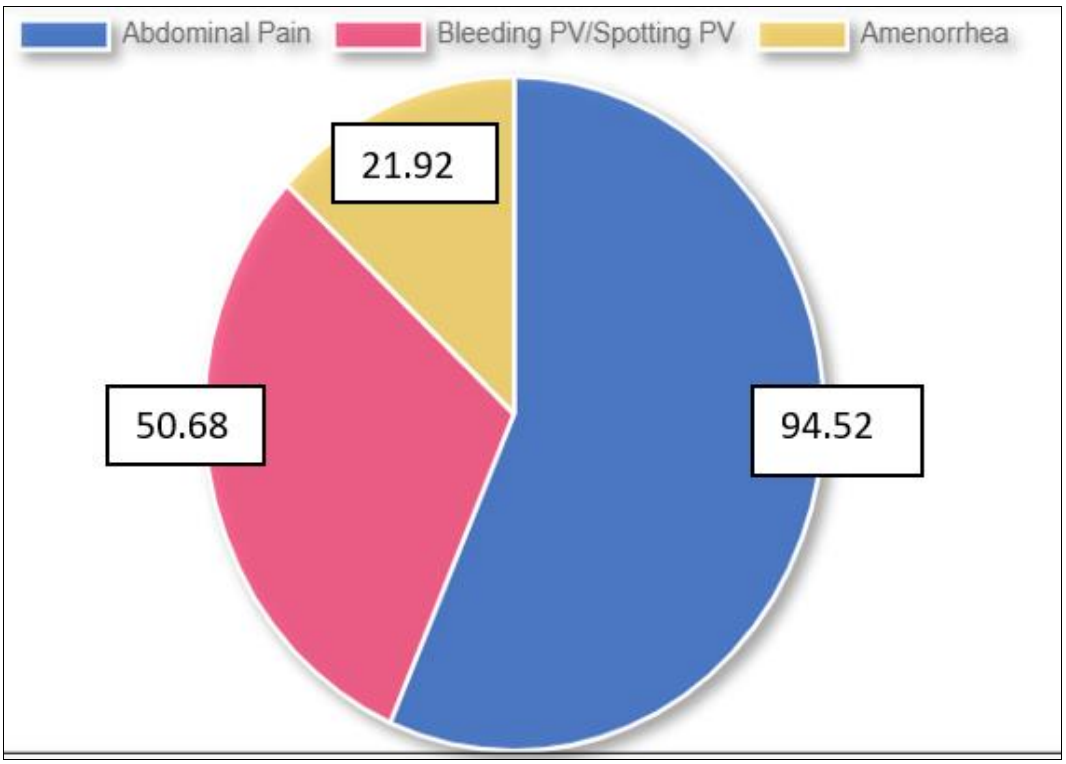

Fig 2: Presenting complaints in percentage.

In our study majority of women presented with pain abdomen (94.52%) followed by bleeding/ spotting per vaginum in 50.68%. Amenorrhea was seen in 21.92% women.

Table 2: Distribution according to clinical findings

Value	Frequency	Percentage
Forniceal tenderness	62	84.93
CMT	34	46.58
Pailor	29	39.73
Tachycardia	29	39.73
Guarding/Rigidity	20	27.4
Hypotension	18	24.66
Abdominal distension	15	20.55
Adnexal mass	11	15.07

On physical examination forniceal tenderness was seen in 84.93% of patients, 46.58% patients had cervical motion tenderness and 39.73% had both pallor and tachycardia. 24.66% patients presented with shock.

38 patients (52.05%) were diagnosed with ruptured ectopic pregnancy at presentation. 27 patients (36.98%) had unruptured ectopic pregnancy and 6 patients (8.22%) had tubal abortions. 2 patients were diagnosed with caesarean scar ectopic pregnancy.

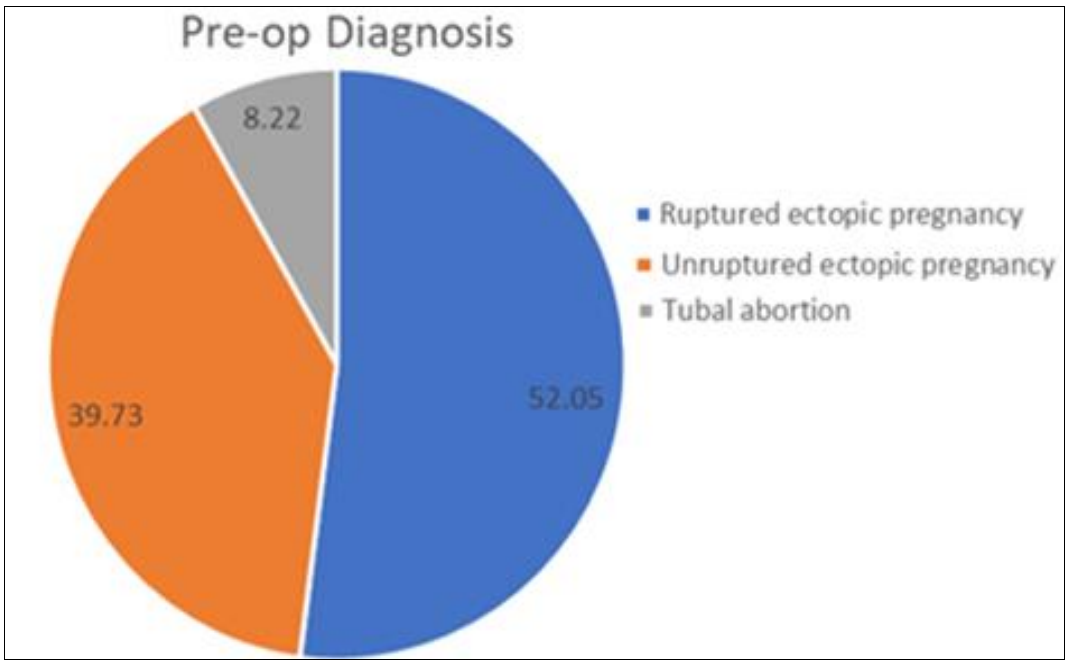

Fig 3: Pre-op diagnosis in percentage

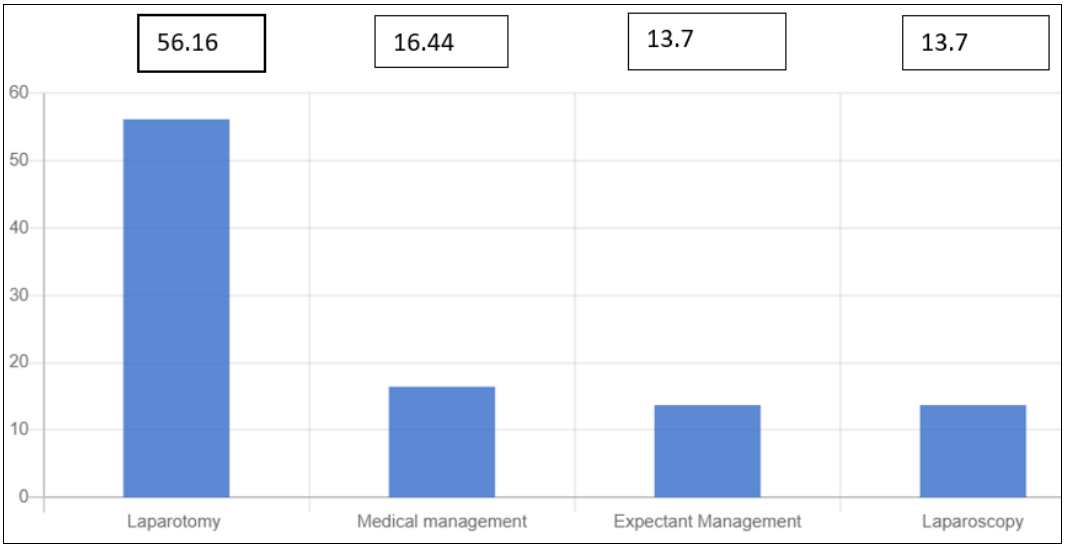

Fig 4: Management in percentage

In our review out of 73 patients, 41 (56.16%) had emergency laparotomy and salphingectomy done, 12 (16.44%) had medical management with methotrexate, 10 (13.7%) had laparoscopy and 10 (13.7%) had expectant management.

Out of 73 patients, 67 patients had tubal ectopic pregnancy and 35 patients (47.95%) had in left tube and 32 patients (43.84%) had in right tube. Of the tubal pregnancies, 64% were at ampulla, 6% cornual, 4% at isthmus, 2% interstitium and 1% at the stump.

Table 3: Blood loss

Blood loss		
Value	**Frequency**	**Percentage**
Less than 100mL	25	34.25
100-500mL	14	19.18
500-1000mL	10	13.71
1000-1500mL	9	12.33
More than 1500mL	8	10.96

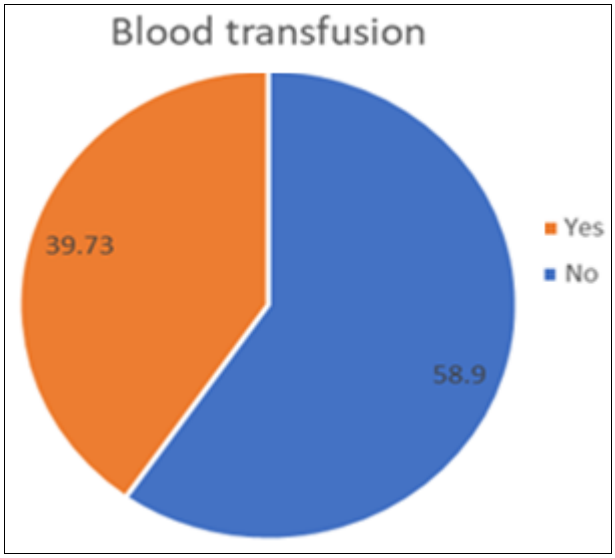

Fig 5: Blood transfusion in percentage

Discussion

The incidence of ectopic pregnancy in our hospital was % which was similar the incidence in India. Majority of the women belong to the age group of 26- 30 years. Most women were multigravidas 72.6% and 27.4% were primigravidas. Most of the patients belonged to 7-8 weeks of gestational age. Most of the cases were diagnosed as ruptured ectopic pregnancy preoperatively 52%, unruptured 40% and remaining was diagnosed as tubal abortion. Post operatively 43.8% was ruptured ectopic pregnancy, 34.25% was unruptured ectopic pregnancy and remaining was tubal abortion. Most of the cases did not have any risk factors, other risk factors that was encountered were previous LSCS, history of infertility, intake of MTP pills, history of genital tuberculosis and history of previous ectopic pregnancy.

Majority of the patients presented with pain abdomen 94% and 50% had bleeding pervaginum or spotting pervaginum.

At the time of examination, 85% patients had forniceal tenderness, 47% of women had CMT positive, 40% had pallor, 40% had tachycardia, 27% had guarding/rigidity and 24% had hypotension. Among the patients diagnosed by USG had findings of uterine cavity empty, adnexal mass and free fluid which was consistent with ectopic pregnancy. Mean preoperative hemoglobin was 9.7 gm % and postoperative mean hemoglobin was 8.74 gm% which shows significant blood loss. 41 patients had emergency laparotomy as they had presented with acute hemoperitoneum. Medical management with methotrexate was done for 12 patients, laparoscopy was possible for 10 patients and 10 patients were managed expectantly.

At the surgery of ectopic pregnancies 64.3% were found in the ampullary part of the fallopian tube which is comparable to the most common site of tubal ectopic pregnancy as per other studies. Most of the cases had blood loss less than 100 mL. We had 2 ovarian ectopic pregnancy, 2 scar ectopic pregnancy and 1 stump ectopic pregnancy. The ovarian ectopic pregnancy and stump ectopic pregnancy was managed by laparotomy and the scar ectopic pregnancies were managed by medically with methotrexate and uterine artery embolization.

The main limitation of the study was the less period studied and was done in one hospital. There were also some limitations due to COVID 19 pandemic. The main strength of the study was that we could see different types of ectopic pregnancy, the risk factors associated with it, the way they presented and the different management protocol that was used in treating these patients.

Conclusion

This study was useful is assessing the profile of the women who were diagnosed with ectopic pregnancy, their risk factors, clinical presentation, management, and complications. Ectopic pregnancy is a life-threatening condition and the early diagnosis and management is the key to reduce mortality and morbidity among these women [3]. Clinical evaluation and use of ultrasound in early diagnosis is the main stay in diagnosis and doctors should be trained for the same. Also, surgical management is the best intervention for lifesaving condition and one should not hesitate to take that decision. Laparoscopy is the most upcoming mode of surgery and one with expertise should use is in hemodynamically stable patients. Medical management also has good success rate provided you choose your patients by following the criteria [4]. Women also should be given awareness regarding the risk factors, over the counter consumption of MTP pills without confirming the site of pregnancy, getting treatment for PID and to seek healthcare at the earliest in case of symptoms.

Conflict of Interest

Not available

Financial Support

Not available

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