ABSTRACT

A DESCRIPTIVE STUDY ON ECTOPIC PREGNANCY IN A TERTIARY CARE CENTRE.

JUSTIFICATION:

Ectopic pregnancy is an emergency situation in which timely intervention will reduce the maternal mortality & morbidity. Clinical presentation varies from case to case and still there is a chance of missing diagnosis in a small proportion of patients even with availability of advanced imaging techniques. For early diagnosis a clinician should well aware about the various presentations of ectopic pregnancy. My study will provide a detailed clinical description on ectopic pregnancy.

AIM OF THE STUDY

A detailed study on ectopic pregnancy over a particular time period in order to determine the incidence, risk factors, clinical features, diagnostic methods, treatments, morbidity and mortality associated with ectopic pregnancy in a tertiary care hospital and analysis of various aspects of ectopic pregnancy with a view to suggest interventions to join the global trend of early diagnosis and conservative management.

MATERIALS AND METHODS:

The study was a cross-sectional study. The study consists of ‘n’ no of ectopic pregnancy cases attended Tirunelveli Medical College Hospital
Obstetrics and Gynaecology department for a period of two years from July 2012 to June 2014.

Inclusion criteria

All cases of ectopic pregnancy / suspected ectopic pregnancy by clinical or sonological method.

Exclusion criteria

The study involved all cases of ectopic pregnancy. There was no exclusion criteria.

Methods and materials

Data collection tool was used to collect the different information. Face to face interviews were conducted using data collection tool by the investigator including detailed history taking and relevant physical examination.

All data were collected on a structural data form (sample enclosed) and analysed for descriptive statistics. Information regarding patient profile, risk factors, sterilisation status, use of other contraceptive methods, presenting symptoms and signs, physical examination, ultrasound findings, types of treatment, per operative findings, no of transfusions, post operative morbidity and length of hospital stay were analysed.
Post operatively HPE reports were collected from the pathology department and final diagnosis was made.

**RESULTS**

A total of 138 patients were recruited in the study. 5 patients in the study had undergone medical management. Remaining 133 patients had undergone laparotomy. During laparotomy 124 patients were found to be having ectopic pregnancy which was confirmed by histopathology. One patient had heterotopic pregnancy. One patient had negative laparotomy. Remaining 7 patients had other gynaecological lesions.

Majority of the patients (63.8%) were in the age group of 21 to 30 years and multigravida (75.4%) were found to be more prone to have an ectopic pregnancy. Majority (54.3%) of the patients presented with 5 to 8 weeks of amenorrhoea. Among the nulliparous women 62.5% had history of subfertility for more than one year.

The commonest risk factors among the study population were previous LSCS, tubal surgeries, previous ectopic pregnancies, prior H/O abortions, H/O infertility and pelvic inflammatory disease. The most common presenting symptom was abdominal pain which was found in 94.9% of patients, followed by amenorrhoea in 72.5% of the patients. The classic triad was present only in 31.9% of cases. The most common
examination findings were tachycardia (51.4%) and hypotension (12.3%). 48.6% of patients were severely anaemic with Hb less than 5 gms%.

In per abdominal examination abdominal tenderness (56.5%) was the most common finding. In per vaginal examination forniceal tenderness (57.2%) was the most common finding. Cervical excitation test was positive in 72.5%. In p/v the presence of adnexal mass has highest specificity and positive predictive value. (100%)

UPT has highest (98.4%) sensitivity, but the specificity was low. In ultrasound examination empty uterus, adnexal mass and free fluid were strongly suggestive of ectopic pregnancy, especially in the presence of positive UPT.

Treatment delay for more than 2 hrs was present in 36 (26%) patients. The most common reason for time delay was late diagnosis of ectopic pregnancy. In surgically managed group all 132 patients underwent laparotomy. Total/partial salpingectomy and salphingo oophorectomy were the common surgeries performed.

During laparotomy 109 (79%) cases were found to be ruptured including one chronic rupture. Ampulla was the most common site of the ectopic found in 43.5% of the patients.
Only one patient had hysterectomy for uncontrolled bleeding from the ruptured site of cornual ectopic pregnancy. No maternal mortality was found during the study period.

**CONCLUSIONS AND RECOMMENDATIONS**

1. Ectopic pregnancy is famous for its diversity of clinical presentations and atypical presentations. Strong suspicion is required for its early diagnosis.

2. Amenorrhoea is not necessary for the diagnosis of ectopic pregnancy. UPT and ultrasound should be advised to all reproductive age group patients presenting with abdominal pain, bleeding p/v with or without amenorrhoea.

3. Sterilisation could not rule out the possibility of an ectopic pregnancy. So, we should advise the patients to come for check up if she misses the periods as early as possible.

4. The recommended sterilisation techniques should be followed strictly.

5. To join the global trend of conservative management for ectopic pregnancy, early diagnosis before rupture is important.

6. Ultrasound is the simple and gold standard diagnostic method for ectopic pregnancy in low resource settings.

7. Routine first trimester ultrasound should be done in all pregnant women at the booking visit itself.
8. UPT kits and sonographic equipments should be made available in all primary health centres and emergency gynaecological units.

9. Staffs should be trained adequately to use and interpret the sonographic images.

10. Early diagnosis and referral is the key factor in reducing the maternal morbidity and in preserving the future fertility.

11. Because of the high incidence of tubal rupture in our set up, community education is required to inform the women to attend the health facilities as early as possible once they have symptoms.