



## Monitoring of symptoms of ectopic pregnancy in SKMCH

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### Abstract

Even though women with ectopic pregnancy usually have no identifiable risk factors, knowledge of the associated risk factors helps identify women at higher risk of ectopic pregnancy to facilitate early and more accurate diagnosis. Hence based on literature findings this study was planned to assess the incidence, risk factors, clinical presentation, management, and morbidity associated with ectopic pregnancy.

The study is conducted in SKMCH in obstetrics & Gynaecology department. The approval of ethical committee had been taken along with the consent from the patients were also taken. Total 50 females having are group of 16-40 year were enrolled in to the study between August 2016 to July 2017.

The study finding concluded that ectopic pregnancy cases can be diagnosed clinically, but USG is a useful tool in detection of ectopic pregnancy. Timely diagnosis and management can reduce the morbidity and mortality due to ectopic pregnancy and improve the future reproductive outcome. Ectopic pregnancy is a growing problem of the reproductive age group. Prevention of PID and management of STIs can help to decrease the incidence of ectopic pregnancy. Women should be encouraged regarding early reporting of missed periods and made aware of complications of ectopic pregnancy.

**Keywords:** ectopic pregnancy, symptoms, signs etc.

### Introduction

An ectopic pregnancy occurs when a fertilized egg implants and grows outside the main cavity of the uterus. Pregnancy begins with a fertilized egg. Normally, the fertilized egg attaches to the lining of the uterus. An ectopic pregnancy most often occurs in a fallopian tube, which carries eggs from the ovaries to the uterus. This type of ectopic pregnancy is called a tubal pregnancy. Sometimes, an ectopic pregnancy occurs in other areas of the body, such as the ovary, abdominal cavity or the lower part of the uterus (cervix), which connects to the vagina.

Ectopic pregnancy is a complication of pregnancy in which the embryo attaches outside the uterus. Signs and symptoms classically include abdominal pain and vaginal bleeding. Fewer than 50 percent of affected women have both of these symptoms. The pain may be described as sharp, dull, or crampy. Pain may also spread to the shoulder if bleeding into the abdomen has occurred. Severe bleeding may result in a fast heart rate, fainting, or shock [4, 1]. With very rare exceptions the fetus is unable to survive [1].

Risk factors for ectopic pregnancy include: pelvic inflammatory disease, often due to chlamydia infection, tobacco smoking, prior tubal surgery, a history of infertility, and the use of assisted reproductive technology. Those who have previously had an ectopic pregnancy are at much higher risk of having another one. Most ectopic pregnancies (90%) occur in the Fallopian tube which are known as tubal pregnancies [2]. Implantation can also occur on the cervix,

or within the abdomen. Detection of ectopic pregnancy is typically by blood tests for human chorionic gonadotropin (hCG) and ultrasound. This may require testing on more than one occasion. Ultrasound works best when performed from within the vagina. Other causes of similar symptoms include: miscarriage, ovarian torsion, and acute appendicitis [1].

Prevention is by decreasing risk factors such as chlamydia infections through screening and treatment [6]. While some ectopic pregnancies will resolve without treatment, this approach has not been well studied as of 2014. The use of the medication methotrexate works as well as surgery in some cases. Specifically it works well when the beta-HCG is low and the size of the ectopic is small. Surgery is still typically recommended if the tube has ruptured, there is a fetal heartbeat, or the person's vital signs are unstable [2]. The surgery may be laparoscopic or through a larger incision, known as a laparotomy. Outcomes are generally good with treatment [4].

The rate of ectopic pregnancy is about 1 and 2% that of live births in developed countries, though it may be as high as 4% among those using assisted reproductive technology [4]. It is the most common cause of death among women during the first trimester at approximately 10% of the total [2]. In the developed world outcomes have improved while in the developing world they often remain poor [6]. The risk of death among those in the developed world is between 0.1 and 0.3 percent while in the developing world it is between one and

three percent [3], The first known description of an ectopic pregnancy is by Al-Zahrawi in the 11th century [6] The word "ectopic" means "out of place" [7].

Up to 10% of women with ectopic pregnancy have no symptoms, and one third have no medical signs [4]. In many cases the symptoms have low specificity, and can be similar to those of other genitourinary and gastrointestinal disorders, such as appendicitis, salpingitis, rupture of a corpus luteum cyst, miscarriage, ovarian torsion or urinary tract infection [4], Clinical presentation of ectopic pregnancy occurs at a mean of 7.2 weeks after the last normal menstrual period, with a range of 4 to 8 weeks. Later presentations are more common in communities deprived of modern diagnostic ability.

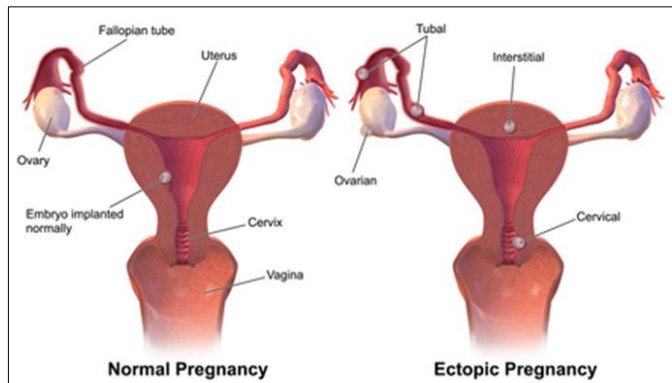


Fig 1

Signs and symptoms of ectopic pregnancy include increased hCG, vaginal bleeding (in varying amounts), sudden lower abdominal pain, pelvic pain, a tender cervix, an adnexal mass, or adnexal tenderness] In the absence of ultrasound or hCG assessment, heavy vaginal bleeding may lead to a misdiagnosis of miscarriage. Nausea, vomiting and diarrhea are more rare symptoms of ectopic pregnancy [4].

Rupture of an ectopic pregnancy can lead to symptoms such as abdominal distension, tenderness, peritonism and hypovolemic shock [4], A woman with ectopic pregnancy may be excessively mobile with upright posturing, in order to decrease intrapelvic blood flow, which can lead to swelling of the abdominal cavity and cause additional pain [8].

Even though women with ectopic pregnancy usually have no identifiable risk factors, knowledge of the associated risk factors helps identify women at higher risk of ectopic pregnancy to facilitate early and more accurate diagnosis. Hence based on literature findings this study was planned to assess the incidence, risk factors, clinical presentation, management, and morbidity associated with ectopic pregnancy.

**Methodology**

The study was conducted in SKMCH in Obstetrics &Gynaecology department. The approval of ethical committee had been taken along with the consent from the patients were also taken. Total 50 females in age group of 16-40 year were

enrolled in to the study.

**Inclusion Criteria**

Females with ectopic pregnancy.

**Exclusion criteria**

Females having foetal distress, toxemia of pregnancy, CVS/CNS disorders, neuromuscular diseases (eg. myopathies and neuropathies), hypovolaemia, acid base disturbances and electrolyte imbalance, obese, infection on the back, on anticoagulant therapy and vertebral anomaly.

A thorough and detailed history of present and past medical illness, past history of anaesthetic exposure with concomitant history of drugs taking in pre-operative period was also recorded. Routine investigation including coagulation profile was done. General and systemic examinations of all the patients were done.

**Results & Discussion**

The data from the 50 patients enrolled in the study and identified with the Ectopic pregnancy were collected and presented as below.

Table 1: Age Group

Age in years	No. of Patients
16-20	2
21-25	24
26-30	17
31-35	3
36-40	4
Total	50

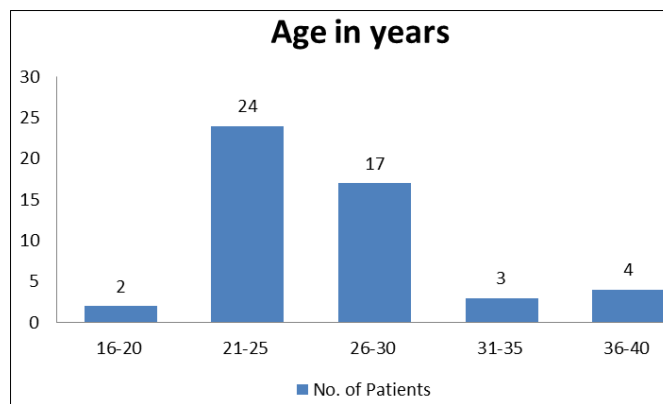


Fig 2

Table 2: Parity

Parity	No. of Patients
0	29
1	11
2	7
3	2
4+	1
Total	50

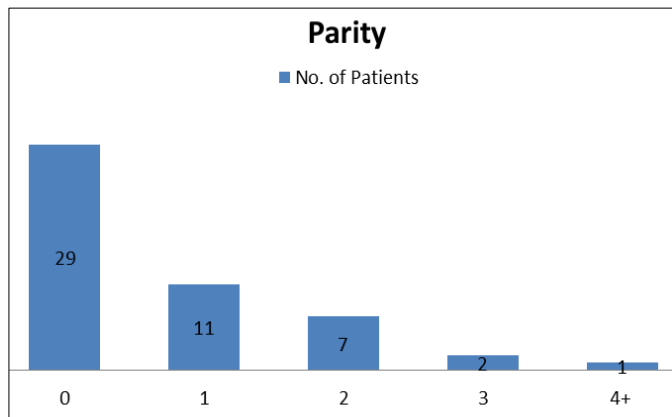


Fig 3

Table 3: Signs & Symptoms

Signs	No. of Patients
Abdominal Tenderness	44
Tender cervical movement	35
Mass in fornix	23
Marked pallor	22
<b>Symptoms</b>	
Lower abdominal pain	45
Amenorrhoea	42
Bleeding per vaginum	22
Syncope	8
Nausea and vomiting	4

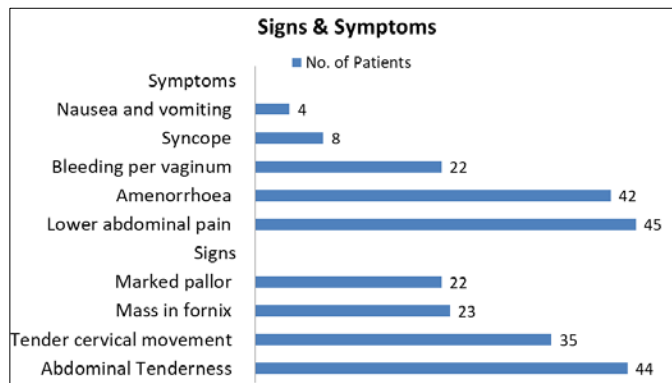


Fig 4

Table 4: Risk Factors

Risk Factors	No. of Patients
PID	15
Abortion	12
Infertility	9
Pelvic surgery	3
IUD	3
Ectopic pregnancy	2
Uterine anomaly	2
Unexplained	4
Total	50

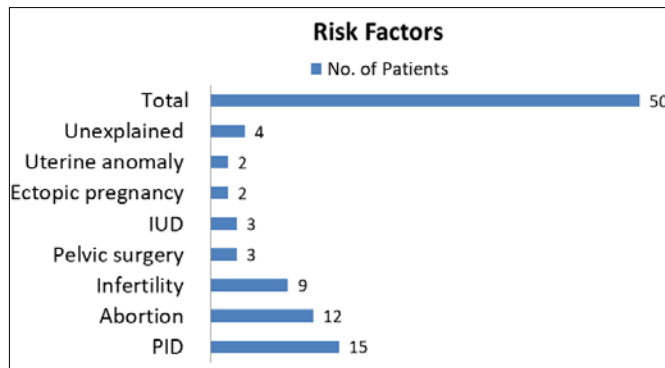


Fig 5

Ectopic pregnancy means a pregnancy that develops outside the uterus, usually in one of the fallopian tubes, but might also occur in the cervix, ovary or the abdominal cavity. The increasing incidence of this condition is concerning because of an associated increase in pregnancy-related morbidity and mortality rates during the first trimester in women of childbearing age [9-12]. The incidence of ectopic pregnancy is on the rise. It is thought to be related to increasing maternal age, tubal surgery, pelvic inflammatory disease (PID), practice of induced abortion, assisted reproductive techniques and perhaps more importantly increased ability to accurately ascertain the condition [13].

This high incidence rates should alert gynecologists in general and effort should be done in early identification of ectopic pregnancy and timely referral to a higher center is vital to reduce mortality and morbidity, especially in the first trimester.

**Conclusion**

The study finding concluded that ectopic pregnancy cases can be diagnosed clinically, but USG is a useful tool in detection of ectopic pregnancy. Timely diagnosis and management can reduce the morbidity and mortality due to ectopic pregnancy and improve the future reproductive outcome. Ectopic pregnancy is a growing problem of the reproductive age group. Prevention of PID and management of STIs can help to decrease the incidence of ectopic pregnancy. Women should be encouraged regarding early reporting of missed periods and made aware of complications of ectopic pregnancy.

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