

## Study of Management in Patient with Ectopic Pregnancy

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**Abstracts:** Background: ectopic pregnancy has always challenged ingenuity of the Obstratrition and Gynaecologist by its bizarre clinical picture. If it is not attended in time, it may lead to maternal morbidity and mortality. It is one, which can mimic practically each and every gynaecological disorder as well as many surgical catastrophes Method: The present study consist of 60 cases of ectopic pregnancy from may 2007to September 2009 admitted at department of obstetrics and Gynaecology at our hospital. All data was collected in to pre designed structured Performa. Results: In present study 71.66% patients are in age group of 21-30 years of age, this may be because this time period is the maximum fertile period and use of contraception is infrequent and occasional. 80% of patients were or more then two parity. Out of 60 patient in 70.75% case aetiology was made out with majority case with infection. In only one patient was heaving post operative infection, suggested by presence o adhesion. Conclusion: Due to advance diagnostic technique, conservative treatment is also possible and with recent surgical technique, the morbidity and mortality is drastically reduced. [ Panchal D et al NJIRM 2011; 2(3) : 91-94]

**Key Words:** Ectopic Pregnancy, Conservative, Management

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**Introduction:** Till today ectopic pregnancy has always challenged ingenuity of the Obstratrition and Gynaecologist by its bizarre clinical picture. If it is not attended in time, it may lead to maternal morbidity and mortality. It is one, which can mimic practically each and every gynaecological disorder as well as many surgical catastrophes.

With the rapid decline in the number of intrauterine pregnancy, during the past decade, the frequency of extrauterine pregnancy become more apparent because of attitudinal change in sexual activity, young population, the rising incidence of venereal disease, the effective role of Morden antibiotics, therapy in salpingitis, use of contraceptive measures and assisted reproductive technique<sup>1</sup>.

Due to advance in modern technology like diagnostic laparoscopy, radioimmunoassay of  $\beta$ -HCG and ultrasonography diagnosis has become less difficult. Yet each method is heaving its own limitation. An accurate history and physical examination and its correlation to the modern diagnostic technology are believed to be the most important in the diagnosis. To diagnose ectopic pregnancy, one has to be "ectopic minded".

Modern anaesthesia, blood transfusion facilities, transport facilities, immediate resuscitation as well as adequate and proper surgery are the keystone of success in reducing the maternal morbidity and further successful obstetric career.

Thus, in spite of advance in modern technique of diagnosis and management of ectopic pregnancy, it still remains a very serious threat to maternal safety and hence an open field to study till deeply.

In a present study we have tried to analyse 60 cases of ectopic pregnancy admitted to our institute during period of may 2007 to September 2009 with keeping in mind objective to analyse modalities of treatment used and maternal morbidity and mortality in study group.

**Material and Methods:** The present study consist of 60 cases of ectopic pregnancy from may 2007to September 2009 admitted at department of obstetrics and Gynaecology at our hospital. All data was collected in to pre designed structured Performa. Detail included was age, presenting symptoms, parity, antenatal care, use of contraception, family history, antenatal investigation, surgical management, detail

obstetric history was taken to take in to account antibiotic prophylaxis, pre and post operative procedure and complication if any. Data was collected and tabulated as shown in result. Statistical analysis was done using Microsoft Excel.

**Result:** Detail analysis of data is shown in table below:

**Table 1: Age wise distribution**

Age	No. of patient (%)
<21	3(5)
21-30	43(71.66)
31-35	10(16.66)
>35	4(6.66)

**Table 2: parity wise distribution**

Parity	No. of patient (%)
0	11(18.33)
1	21(35)
2	18(30)
3	7(11.66)
>3	3(5)

**Table 3: Aetiology Age wise distribution**

Aetiology	No. of patient (%)
Infection	33(55)
Previous surgery	9(15)
Infertility	7(11.66)
Non Identified	15(25)

**Table 4: Symptom wise distribution**

Age	No. of patient (%)
Abdominal pain	59(98.33)
Amenorrhoea	51(85)
Bleeding P/V	41(68.33)
Fainting	21(35)
Other	22(36.66)

UPT was positive with 95% accuracy in preset study, while USG was positive with 93.33%, combined USG and UPT is positive with 98.66% accuracy and Laparoscopy was with 100% accuracy Positive

**Table 5: Treatment wise distribution**

Treatment	No. of patient (%)
Surgical	59(98.33)
a. Laprotomy	51 (85)

b. Laparoscopy	1(1.66)
c. Combined	1(1.66)
Medical	2(3.33)
Failure	1(1.66)

**Table 6: Site of ectopic pregnancy**

Site	No. of patient (%)
Ampulatory	32(53.33)
Isthemic	19(31.66)
Fimbrial	3(5)
Interstitial	2(3.33)
Ovarian	2(3.33)
Abdominal	1(1.66)
Cornual	1(1.66)

**Table 7: Type of surgery wise distribution**

Treatment	No. of patient (%)
Conservative Surgery	
a. Milking	0 (0)
b. Salpingotomy	1(1.66)
c. Partial Salpingotomy	13 (21.66)
d. Ovarian Wedge resection	1(1.66)
Radical Surgery	
a. Total Salpingotomy	31 (61.66)
b. Total Salpingotomy - oophorectomy	3(5)
c. oophorectomy	1(1.66)

**Discussion:** In present study 71.66% patients are in age group of 21-30 years of age, this may be because this time period is the maximum fertile period and use of contraception is infrequent and occasional. 80% of patients were or more then two parity. Out of 60 patient in 70.75% case aetiology was made out with majority case with infection. In only one patient was heaving post operative infection, suggested by presence o adhesion. according to Shah J P et al<sup>1</sup>ectopic pregnancy was more after post partum TL because oedematous congested friable tube increases the chance of incomplete occlusion.

In present study abdominal pain and amenorrhoea was present in 98.33% and 85% cases suggestive of most common presentation of patient with ectopic pregnancy. Same finding was observed by Roes et

al (92.4% and 78%) and Chudhary et al<sup>2</sup> (94.3% and 73.4%), 15% of cases were without history of amenorrhoea suggesting presentation of Ectopic Pregnancy before missed period. Fainting was present in 35% case which is comparable with study of Chudhary et al<sup>2</sup>.

On examination 26.66% patient were presented with marked pallor and 18.33% with shock. Abdominal tenderness was present in 90% case in contrast to 62.9% in Valmiki D R et al<sup>3</sup> (62.9%). Bleeding per vaginum was present in 48.33% cases. Cervical tenderness was present in 76.66% while tenderness in fornix was present in 85% cases, which may be due to fluid collection which causes irritation of peritoneum.

In majority of cases (61.66%) laprotomy was done because of poor general condition. Once case of laparoscopy was converted to peritoneum because of massive adhesion. In study carried out by Martyan et al<sup>4</sup> laprotomy due to poor general condition was done in only 21% cases.

In study done by Pratibha vaidya et al<sup>5</sup>, milking was done in 2.33% cases and partial salpingectomy was done in 13.25% case, which is comparable with present study (21.66%). Total salpingectomy was done by them in majority of case (66.3%), which was same as present study (61.66%).

Commonest site for ectopic pregnancy is tubal in present study (98.33%), which is same as Boueyer<sup>6</sup> et al (95.5%). In Present Series, almost 65.55% of cases required BT infusion in Between 2-4 units.

In post operative complication 3.33% patients have abdominal distension and other 3.33% patients had pyrexia. No mortality is noted in this series, may be because of early and aggressive resuscitative measures with good antibiotic cover and early availability of blood and blood product.

**Conclusion:** In the present study, it has been observed that Ectopic Pregnancy still remain the most lethal and morbid gynaecological emergency. Increase incidence of ectopic pregnancy attributed to increases incidence of IUCD, MTP, abortion,

reconstructive tubal surgery, Tubal ligation in early reproductive age etc. Lower abdominal pains, painful vaginal examination with menstrual irregularity are constant finding of EP. Due to advance diagnostic technique, conservative treatment is also possible and with recent surgical technique, the morbidity and mortality is drastically reduced.

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