ECTOPIC PREGNANCY: A CLINICAL STUDY IN A TERTIARY INSTITUTEAmbarkar Srilakshmi¹, G. Baleswari², P. Rajeswari³**HOW TO CITE THIS ARTICLE:**

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ABSTRACT: OBJECTIVE: To evaluate the incidence, trends, risk factors and the clinical outcome of ectopic pregnancy in a tertiary referral institute. **METHODS:** Fifty four percent of ectopic pregnancy who presented to our department between April 2009 and March 2010(1year period) were analyzed accordingly after confirming diagnosis. **RESULTS:** Among the total 54 cases, 50(92.59%) were tubal pregnancies and 1(1.8%) was ovarian pregnancy and 3(5.5%) were ruptured corpus luteal hematoma which were mistaken for ruptured ectopic pregnancy. Two (3.71%) cases were noted following sterilization. Six (11.1%) cases were associated with features of pelvic inflammatory disease and one (1.8%) was a follow up case of infertility. Except one case (1.8%), all the 53 cases (98.14%) presented as ruptured ectopic pregnancies with haemoperitoneum. Thirty one (58.4%) were haemodynamically stable while 22 (41.5%) were in shock state. Mortality was noted in one (1.8%) case. **CONCLUSION:** The present study shows the important clinical aspects of ectopic pregnancy and its demographic variation in India.

KEYWORDS: Ectopic pregnancy, Haemoperitoneum, laparotomy.

INTRODUCTION: Ectopic pregnancy is a condition in which the fertilized ovum implants outside the uterine cavity. Its incidence has increased from 0.5 per 100 pregnancies 30 years ago to 2 per 100 pregnancies.^[1,2] The word ectopic pregnancy was derived from a Greek word "ectopos" meaning out of place. Ectopic pregnancy was first described in the eleventh century and until the middle of the 18th century it was very fatal. In the first trimester ectopic pregnancy is the most important cause of maternal morbidity and mortality.^[3] Prior in 1883 no woman ever underwent a deliberate and successful operation for a ruptured ectopic pregnancy, when Trait did it for the first time.^[4] Surgical treatment may either be open laparotomy or laparoscopy depending on the case.

MATERIALS AND METHODS: Fifty four cases of ectopic pregnancy presented to our department between April 2009 and March 2010 were taken for a prospective study. Based on history, clinical findings, urine test for pregnancy, ultrasonography, both trans abdominal and transvaginal, and histopathology cases were diagnosed as ectopic pregnancy.^[5] Culdocentesis was done to confirm haemoperitoneum. All the cases were analyzed based on age, risk factors, clinical outcome, in terms of morbidity and mortality.

OBSERVATIONS: Table 1 shows the site of ectopic pregnancy. Tubal ectopic was noted in 50(92.59%) cases where in right tubal ectopic was observed in 32(64%) cases when compared to left side (36%) where the incidence was low. Ovarian pregnancy noted in one case (1.8%) three were corpus luteal hematomas. Among the tubal ectopic pregnancy, the site of tubal rupture was depicted in table 2. The commonest site of tubal rupture was observed in ampulla. Tubal abortion was noted in 14 cases (28%).

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	No. of cases	Right side	Left side
Tubal	50	32	18
Ovarian	1	1	-
Others(abdominal)	0	0	0

Table 1: Site of ectopic pregnancy

Interstitial	2	5.5%
Isthmal	7	19.4%
Ampullary	24	66.6%
Fimbrial	3	8.33%
Total	36	100%

Table 2: Site of tubal rupture

Age in yrs	No. of cases	%
18-20	9	16.6%
21-23	14	25.9%
24-26	9	16.6%
27-29	8	14.8%
30-33	8	14.8%
>34	6	11.1%
Total	54	100%

Table 3: Shows the age wise distribution where the highest Incidence was noted in 21 to 23 years. Most of them are second/third gravida.

Primigravida	10	18.51%
Multigravida	35	64.8%
Grand Multi (>4)	9	16.66%
Total	54	100%

Table 4: Showing gravid status

Ours being a referral Centre we received 53(98.14%) cases as ruptured ectopic which were confirmed by routine clinical examination, USG, and culdocentesis. Thirty one (58.4%) were haemodynamically stable while 22(41.5%) were in a shock state. one was a chronic ectopic with organized blood clots. Two (3.7%) cases occurred following sterilization procedure. One occurred in a case of 15 years following minilab and the other in which the tubal ligation was done concurrent with caesarean section. Dense adhesions between the adnexa and POD, posterior uterine wall were observed in 6(11.1%) cases. One case was noted following treatment for infertility with clomiphene citrate.

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After stabilizing the case and keeping adequate compatible blood ready, emergency laparotomy was planned. Salpingectomy was done for most of the cases. Tubal conservative procedures were not resorted because of high incidence of recurrence following such methods and the drawbacks associated in the follow up of those cases. Postoperative period was uneventful in 45(83.3%) cases. Postoperative infection was noted in 8(14.8%) cases. Mortality occurred in one (1.8%) case which was a seropositive immunocompromised woman.

Figure 1 & 2: Showing gross and microscopy of ectopic pregnancy

DISCUSSION: In our study highest incidence of ectopic pregnancy was found in 21-23 years (25.9%) where in the mean age was reported as 28 years in a study done by Mahaboob.^[4] The commonest presenting symptom was pain abdomen (100%). In the present study one case of ectopic pregnancy noted 10 years and another 15 years after tubal sterilization, in contrary to the highest risk of ectopic pregnancy occurring in the first two years after tubal sterilization.^[6] In our study the ectopic pregnancy rate was 5.94%/1000 pregnancies. The comprehensive data on ectopic pregnancy rates reported by CDC is 27.2/1000 pregnancies.^[7] Thirteen maternal deaths due to ectopic pregnancies were reported in U.K. during the period of 1997-99. In the present study one maternal death (1.8%) was reported.

CONCLUSION: The present study shows the important clinical aspects of ectopic pregnancy and its demographic variation in India. The gynaecologist should have a suspicion based on clinical and radiological findings and manage the patient accordingly.

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