Journal of Cardiovascular Disease Research

ISSN: 0975-3583,0976-2833 VOL14, ISSUE 06, 2023

A study on presentation and management of ectopic pregnancy at Government General Hospital, Kadapa.

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ABSTRACT

Background: Ectopic pregnancy and its consequences are the most severe form of obstetric emergency during first trimester of pregnancy. It is a kind of life threatening emergency leading to significant maternal morbidity and even mortality.
Methods: A prospective study was conducted at a tertiary care centre GGH Kadapa from 01 Jan 2022 to 31 Dec 2022. All cases of ectopic pregnancy which were admitted and managed during this study period were included in the study. All Collected data were analysed with epitable 6.04 version and SPSS version 20 Software.
Results: During the study period total 34 cases of ectopic pregnancy were studied. Classical symptoms of amenorrhoea, pain abdomen and bleeding per vaginum were observed in 7 cases (20.5 %) whereas 25 cases (73.5%) were associated with pain abdomen only and 7 cases (20.5%) had the symptoms of bleeding per vaginum only. All cases were managed surgically. The incidence of ectopic pregnancy was one in 200 delivered pregnancy. Most were multiparas and common in 25-35 yr age group (73.5%). Tubal ectopic pregnancy was common in right side 22 cases (61%). Approximately 18 cases (52%) presented with haemoperitoneum and (56%) 17 cases required more than 2 pint blood transfusion.
Conclusions: Ectopic pregnancy mostly presents as an obstetrics emergency in our hospital especially with rupture ectopic pregnancy with haemoperitoneum. Early diagnosis and intervention suited best for the situation is mainstay for favourable and successful outcome.

Keywords: Blood transfusion, Ectopic pregnancy, Haemoperitoneum, Obstetric emergency, Salpingectomy

INTRODUCTION

Ectopic pregnancy is one of the commonest cause of obstetrics emergency as well as maternal morbidity and mortality during first trimester of pregnancy. Management of ectopic pregnancy has changed and improved over time. In 1903 J. Whitridge Williams said following words regarding management of ectopic pregnancy - “As soon as an unruptured extra-uterine pregnancy is positively diagnosed, its immediate removalby laparotomy is urgently indicate, since rupture mayoccur at any time and the patient die from haemorrhage before operative aid can be obtained.
But in present scenario, we have multiple options like medical, surgical route via laparotomy or laparoscopy in our armamentarium to manage ectopic pregnancy. Still ectopic pregnancy remains the leading cause of early pregnancy related death[1] and it’s incidence is about 0.91% in India. Ectopic pregnancy and its consequences contributes approx 19% of maternal near miss. In this background, we have conducted the present study to evaluate the presentation and outcome of management of ectopic pregnancy in our tertiary care teaching hospital.

METHODS

A prospective observational study was conducted at our tertiary care Government Medical College GGH Kadapa. The Study duration was from 01 Jan 2022 to 31 Dec 2022.

The study population comprised of patients with ectopic pregnancy who had reported to the casuality department or to the department of Obstetrics and Gynaecology both in patient and Out Patient Department (GOPD) and thereafter admitted and managed. During the study periodtotal number of 34 cases were admitted with diagnosis of ectopic pregnancy.

Inclusion and exclusion criteria

All patient with ectopic pregnancy who underwent admission and management during the study period were included in the

study.

Parameter

Demographic profile of patients, clinical sign and symptoms, obstetrics parameters like gravida, parity, period of gestation (POG), site and side of ectopic pregnancy, hospital stay and blood transfusion status were recorded.

Limitation

Limitation of the overall study was that all the 34 cases were managed surgically only.

RESULTS

During the study period total 34 patients were attended and admitted with ectopic pregnancy.

There were total 6246 patients delivered in our institution during the study period. This made the incidence of ectopic pregnancy of 0.00529%

The age group of patients from 25 to 30 yr was maximum 25 cases (73.5%). The other two age group i.e <25 6 cases (0.17%) >30 years 3 cases (0.08%).

Table 1: Distribution of patient according todemography and clinical history.

Characteristics		Frequency (n)	Percentage (%)
Age group in yrs	<25	06	71
	25 to 30	25	73.5
	>30	03	8
Gravida	primi	3	8
	2	15	40
	3	10	29
	4	6	17
Parity	1	15	40
	2	10	29
	3	6	17
Abortion		7	20.7
Previous ectopic pregnancy		4	0.08

In the study population, it was found that ectopic pregnancy was highest in second gravida 15 cases (40 %)
Overall 61% of ectopic pregnancies were found on right side (22/34). Total ruptured cases of ectopic pregnancy were 61% (21/34). Right sided ruptured ectopic cases were more common 58% (20/34). Most common site of rupture of ectopic pregnancy was ampulla of fallopian tube i.e 76% (26/34).

Classical triad of ectopic pregnancy i.e amenorrhoea, pain lower abdomen and bleeding per vaginum was only present in (7/34) 20.5% of cases. In our study group we found pain lower abdomen was the most common presenting symptom 73.5% (25/34) of cases.

After admission all cases underwent emergency laparotomy. patients were administered blood and blood products (Packed RBC/ FFP) in per operative/post operative period.

Table 2: Distribution of different clinical parameter of study population.

Characteristics		Frequency (n)	Percentage (%)
Side	Left	14	41
	Right	22	64
	Ampulla	26	76
Site of ectopic	Isthmus	5	14

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pregnancy	Fimbrial	2	5.8
	cornual	1	2
Ruptured	Yes	20	58
	No	14	41
Blood transfusion	Yes	26	76
	No	8	26
Bleeding per vaginum	Yes	7	20.5
	No	27	79.4
Pain abdomen	Yes	25	73.5
	No	9	17
Classical Triad	Yes	7	20.5
(Amenorrhoea + pain Abdo + Bleeding PV)	No	27	79.4

DISCUSSION

The mean period of gestation of detection of ectopic pregnancy. The length of hospital admission was ranged from one to six days. Most patientwere discharged on 6th post op day (and it comprised of 71.88% (23/32) of study population.
During literature search we came to know that the first diagnosis of ectopic pregnancy as cause of maternal mortality was known to us in eleventh century. In 1759 the report of first successful surgical management of ectopic pregnancy was made by Surgeon Dr John Bard, New York USA. Salpingectomy as surgical intervention for ruptured ectopic was first done by Scottish surgeonDr Robert Lawson Tait in 1883[2]. Thereafter salpingectomy became a standard practice for management of ruptured ectopic pregnancy.

The incidence of ectopic pregnancy has increased since last few decades due to increased adoption of medically assisted reproductive (MAR) technique. However, the morbidity and mortality are decreasing due to advancement of medical technique, early detection and increased awareness of clientele. In our study we found the incidence of ectopic pregnancy was 5 per 1000 deliveries. Royal College of Obstetrics and Gynaecologist (RCOG) in their guideline reported the incidence of ectopic pregnancy was 5 per 1000 deliveries in UK[10].

The commonest predisposing factors for ectopic pregnancy were tubectomy, pelvic inflammatory disease, history of abortion[3] / ectopic pregnancy[4].Parous ladies aremore prone to have ectopic pregnancy than nullipara lady[5]. The probable causeof this increase rate of ectopic pregnancy is attributable tomore association of predisposing factor of ectopic pregnancy with non-nulliparous group.

Several studies suggested tubal ectopic pregnancy hasbeen affected right side more than left side[6]. Our study also found the frequency of ectopic pregnancy on right side was more than that of left side.

The classical presentation of ectopic pregnancy is characterized by triad of delayed menstruation/ amenorrhoea, pain and vaginal bleeding or spotting. Present study has revealed only 20.5% cases presented with classical triad. Pain abdomen was most common presentation consistent with studies of Gupta R et. Al.[7] All most 76 % of cases required blood transfusion in our setup. These findings were consistent with other studies from India[8].

CONCLUSION

Ectopic pregnancy is still one of the major contributor of early pregnancy emergency admission, morbidity and mortality. They contribute to case fatality index of 2.85 %.[9] Majority cases present with pain abdomen and amenorrhea. Clinical signs of shock are present in most of cases too. High degree of clinical suspicion and early intervention are main stay for successful outcome.

Funding: No funding sources
Conflict of interest: None declared

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