ORIGINAL PROF-1207

# ECTOPIC PREGNANCY;
## PRESENTATION AT ALLIED HOSPITAL, FAISALABAD.

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ABSTRACT... objective: 1-To know the common presentation of ectopic pregnancy attended during the study period. 2- To find out that how clinical presentation helps in early diagnosis of ectopic pregnancy. Settings: Department of Obstetrics & Gynecology Unit # 1 Allied Hospital Faisalabad. Period: From 01-01-02 to 01-01-04. Patients, Methods, Results: Eighty five patients were included in study attended the emergency or outpatients of Allied Hospital Faisalabad. Detailed history, clinical examinations and investigations like urine for & ultrasonography used for diagnosis. 52% cases were presented in acute way. 48% were sub acute presentations. 96% patients required salpingectomy. Conclusion: Management of Ectopic Pregnancy is by far salpingectomy because our patients usually attend late that is in acute way.

## INTRODUCTION

Ectopic pregnancy is a pregnancy in which fertilized ovum implants on other than the endometrial lining of uterus1. The incidence in Pakistan is 5.7/1000 births and 5.9/1000 births in U.K2. 95% occur in fallopian tubes. Rare sites are ovary, broad ligament, cervix or in peritoneal[3].

History of P.I.D. present or past use of intrauterine contraceptive device, pelvic surgery, therapeutic abortions, tuboplasties, ovulation induction drugs and previous history of ectopic pregnancy are likely risk factors[4].

Ectopic pregnancy is sometimes difficult to diagnose on clinical grounds because of varied presentations. 75%-80% of women presenting with sub acute symptoms and 25% or less with acute abdomen[5]. Measurement of serum/ urine (3HCG, direct vision by laparoscope and vaginal USG are tools for early diagnosis of Ectopic Pregnancy[6].

Many treatment options are available. Surgical treatment can be performed radically or conservatively either by laparoscopy or by an open

surgical procedure. Medical treatment can be done by variety of drugs like methotrexate systemically or by laparoscopically7. The present study discusses the clinical presentation and its influence on management of Ectopic Pregnancy.

## MATERIALS & METHODS

This study was conducted by the department of Obstetrics & Gynecology unit Allied Hospital Faisalabad from 01-01-02 to 01-01-04. Eighty five patients were included in study. Inclusion criteria for the studied patients were high clinical suspicion like period of amenorrhea, pelvic pain, vaginal bleeding supported by ultrasonography or |3HCG levels in serum. After establishing the diagnosis and preoperative management, majority of patients wereoperated as soon as possible. Salpingectomy was the preferred approach because of un-repairable wall damage or with second ectopic pregnancy and also in those who had completed their family.

## RESULTS

During the study period, eighty five (85) patients attended the Allied Hospital with diagnosis of ectopic pregnancy. These patients were segregated into groups according to age, parity, anatomical location, their presentation included sign & symptoms, use of diagnostic modalities and management strategies adopted.

Table-l. The most common age at presentation was 21 - 30 years as

| Valid | Frequency | % | Valid Percent | Cumulative Percent |
|---|---|---|---|---|
| 15-20 | 8 | 9.4 | 9.4 | 9.4 |
| 21-30 | 49 | 57.6 | 57.6 | 67.1 |
| 31-40 | 28 | 32.9 | 32.9 | 100.0 |
| Total | 85 | 100.0 | 100.0 | |

Table-N. Majority of patients had presented to us in acute way i.e 45 out of 85

| Valid | Freq. | % | Valid Percent | Cumulative Percent |
|---|---|---|---|---|
| Acute | 45 | 52.9 | 52.9 | 52.9 |
| Sub acute/ Chronic | 40 | 47.1 | 47.1 | 47.1 |
| Total | 85 | 100.0 | 100.0 | 100.0 |

Table-Ill. Abdominal pain, amenorrhoea, vaginal bleeding, fainting attacks, dyspareunea were present in most of the patients as in.

| Valid | Frequency | % |
|---|---|---|
| Abdominal Pain | 81 | 95.3 |
| Amenorrhoea | 66 | 77.6 |
| Vaginal Bleeding | 34 | 40 |
| Fainting Attacks | 17 | 20 |
| Dyspareunea | 7 | 8 |
| D& C/lnduced Abortion | 11 | 12.9 |
| Early Pregnancy Symptoms | 33 | 38.8 |
| Abdominal Distention | 21 | 24.7 |

Table-IV. The clinical signs that were helpful in the diagnosis of ectopic pregnancy were hypetension, tachycardia, abdominal tenderness, adnexal mass, mass in POD, cervical excitation.

| Valid | Frequency | % |
|---|---|---|
| Hypotension | 34 | 40.0 |
| Tachycardia | 58 | 68.2 |
| Abdominal tenderness | 74 | 87.1 |
| Adnexal tenderness | 59 | 69.4 |
| Adnexal mass | 37 | 43.5 |
| Mass in POD | 25 | 29.4 |
| Cervical Excitation | 56 | 65.9 |

Table-V. For treatment, surgical option was taken mainly Salpingectomy because of irreparable loss of tubal structure, extensive haemorrhage, late presentation and also due to lack of experience in laparoscopic skills.

| Management Strategy | Frequently | % |
|---|---|---|
| Salpingectomy | 82 | 96.67 |
| Salpingo-ophorectomy | 3 | 3.33 |
| Total | 85 | 100 |

## DISCUSSION

In our study, diagnosis was always dependent on history, clinical examination and certain laboratory investigations. In certain cases diagnosis was made on exploratory laparotomy for acute abdomen. However the clinical presentation was most important factor in early diagnosis and appropriate management accordingly. In our study, most patients were in 21-30 years of age i.e. about 57%, 32% were in 31-40 years. Only 9.4% were in teenage group. These results are comparable to study of Dr. Aslam Mahmood Malik in which 70% were those who belonging to 21-30 years, 23.3% were those of 31-40 years of age.

52.9% patients was presented in acute way while 47.1% were with chronic presentation. These results are different from the study of Dr Rubina Ali which showed that about 80% patients had chronic presentation[8].

All patients in our study underwent laparotomy. In 97% patients, Salpingectomy was performed. These results are also comparable to study of Dr. Rubina Ali. Studies on fertility after radical or conservation surgery have shown on significant difference in intrauterine or repeat Ectopic pregnancy rates. Laparoscopic surgery is an advanced and expensive procedure that is not easily feasible for developing countries at all centers because of in-adequate facilities and in-experienced staff.

Table-VI. Ectopic pregnancy has a great spectrum of presentation and clinical presentation varies from vaginal spotting to vasomotor shock with hemoperitonium. In our study, amenorrhoea, abdominal pain and vaginal bleeding were the main clinical features while fainting attacks and shock were presented in 40% cases.

| Clinical Features | Present Study (%) | Dr. Aslam Malik (1996) (%) | Dr. Rubina All (2000) (%) |
|---|---|---|---|
| Amenorrhoea | 77.60 | 83.30 | 6000 |
| Abdominal Pain | 95.30 | 90.00 | 90.00 |
| Vaginal Bleeding | 40.00 | 66.60 | 70.00 |
| Fainting | 20.00 | 13.30 | 15.00 |
| Tachycardia | 68.20 | 53.30 | 20.00 |
| Adenexal Tenderness | 69.40 | 76.60 | 70.00 |
| Abdominal Tenderness | 87.10 | - | 100.00 |

## CONCLUSION

We have concluded that in our socio-economic set up, patients usually present late and ultimate

treatment becomes radical surgery by laparotomy.

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