

## A STUDY ON DIFFERENT CLINICAL PROFILE & THEIR OUTCOME IN ECTOPIC PREGNANCY IN A TERTIARY CARE CENTRE

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### Abstract

**Aim:** The aim of the present investigation is to study on different clinical profile & their outcome in ectopic pregnancy in a tertiary care centre.

**Material & Methods:** This study was conducted at department of obstetrics and gynecology Al - Ameen Medical College Vijayapur, a tertiary care teaching hospital, India. It is a retrospective descriptive study on patients who presented to our department with clinical features of ectopic pregnancy and later confirmed with intraoperative findings or ultrasound, in 15 months. The data was collected in a specific template which included last menstrual period (LMP) to calculate the expected date of delivery, any abortions, previous abdominal surgeries including previous ectopic pregnancy, history of treatment for infertility.

**Results:** There were total 12,188 pregnant mothers during the study period out of which 85 patients were diagnosed with ectopic pregnancy. Many associated risk factors were identified and patients had previous history of ectopic pregnancies, history of tubal ligation and history of unsupervised medical abortion pills intake. According to the amount of blood loss at the time of first presentation, patients had haemoglobin of 10 gm/dl or more and thereafter patients had haemoglobin less than 5 gm/dl.

**Conclusion:** Any woman in the reproductive age group presenting with missed menstrual cycle, or bleeding per vagina or abdominal pain should be suspected and further investigated along the lines of being a possible ectopic pregnancy. If any associated history of abdominal surgery, previous abortion or pelvic inflammatory disease is there, they are most likely to be having an ectopic pregnancy.

**Keywords:** Different Clinical Profile, Ectopic Pregnancy, Tertiary Care Centre, Previous abortion, Pelvic inflammatory disease

### Introduction

Ectopic pregnancy was first described in the 11th century. It was one of the main causes of maternal death. It is an obstetrical emergency in the first trimester of pregnancy.<sup>1,2</sup> The incidence was noted to range from 1-2%.<sup>1</sup> The most common site of ectopic gestation was ampulla, followed by isthmus. Ovarian ectopic is also seen but is less common. Other rare sites are abdomen and uterine cervix. Several risk factors have been identified for ectopic gestation. The most important risk factors are previous abdomino pelvic surgery, prior ectopic pregnancy or abortions, history of pelvic inflammatory disease especially with chlamydia.<sup>1</sup> Women with history of Pelvic inflammatory disease (PID) is at 7.5 times more risk of developing ectopic pregnancy.<sup>3,4</sup> PID causes impaired tubal transport and tubal obstruction. Chlamydial infection causes mucosal damage and swelling within the tube that leads to formation of diverticula and impairment of ciliary activity.<sup>5</sup>

### Materials and Methods

This study was conducted at Institute of Medical Sciences, a tertiary care teaching hospital, India. It is a retrospective

descriptive study on patients who presented to our department with clinical features of ectopic pregnancy and later confirmed with intraoperative findings or ultrasound, in 15 months. The case records of patients diagnosed with EP retrieved from the medical records department.

### Methodology

The data was collected in a specific template which included last menstrual period (LMP) to calculate the expected date of delivery, any abortions, previous abdominal surgeries including previous ectopic pregnancy, history of treatment for infertility.

Data was collected and analyzed in terms of age, parity, risk factors, presenting complains, period of amenorrhea, complications, correlation of serum hemoglobin levels offered and final outcome.<sup>6,7</sup>

### Results

**Table 1: Age wise cases of pregnancy**

Age	No of Cases
<20 Years	3
21-25	32
25-30	36
31-35	9
35-40	5

There were total 12,188 pregnant mothers during the study period out of which 85 patients were diagnosed with ectopic pregnancy. Majority of patients were between the age group of 25 years to 30 years (Table 1).

**Majority of the patients presented with more than two symptoms.**

**Table No. 2: Study of clinical presentation**

Parameters	No of Cases with 1 symptoms	No of Cases with 2 symptoms	No of Cases with 3 symptoms
Absence of Menstrual Cycle, Abdominal Pain, Hypotensive Shock	7	32	46

Majority of the patients presented with more than two symptoms as shown in (Table 2).

**Table No. 3: Study of risk factors**

Risk Factors	No of Cases
Ectopic Pregnancy	52
Ligation	5
MTP Pill	9
Tuberculosis	6
Surgery	8
Infertility	5

Many associated risk factors were identified and patients had previous history of ectopic pregnancies, history of tubal ligation, and history of unsupervised medical abortion pills intake, tuberculosis, surgery and infertility (Table 3).

**Table No. 4: Hemoglobin level at the time of hospitalization**

Hemoglobin level	No of Cases
>10	37
8-10	27
5-8	17
<5	4

According to the amount of blood loss at the time of first presentation, 37 patients had haemoglobin of 10 gm/dl or more, patient with 8-10 mg/dl was 27, 17 patients had haemoglobin between 5-8mg/dl and <5 was 4 patients.

### Discussion

Ectopic gestation can cause a major catastrophe in early pregnancy and hence it continues to contribute to maternal morbidity & mortality world over. It has been seen that the occurrence of ectopic pregnancy has steadily increased over the past 20 years.<sup>8</sup>

In our study it was noted that a majority of ectopic pregnancies were observed between the age group of 25-30 years. Yadav *et al.*,<sup>1</sup> reported the highest incidence within 20 to 30 years.<sup>1</sup> This demographic age related pattern could be understood by the fact that most marriages occur among women of the age group of 20 to 30 years. Hence probably due to the increased fecundity seen within this

group, there is also a corresponding increase in the rate of ectopic pregnancy as well. Meanwhile, an ectopic pregnancy that manifests later on and is undisturbed is more likely to be missed or may later manifest as a chronic ectopic pregnancy unless diagnosed earlier on ultrasonography.<sup>9</sup> There is a global rise in number of ectopic pregnancies which is due to better diagnostic modalities and early detection, increasing number of STD and PID patients, more infertile patients opting for fertility enhancing surgeries and assisted reproductive techniques etc.<sup>10</sup> The risk factors for an ectopic pregnancy were studied and it was noted that the most common factor was history of a previous abdomino pelvic surgeries. The cause for an ectopic pregnancy following abdominal surgery is due to be peritubal adhesions and scarring.<sup>11-13</sup> 4 patients had very severe anaemia with hemoglobin of less than 5 gm/dl, 17 had anaemia with Hb% between 5 gm/dl to 8gm/dl. Hemodynamic stability, hemoglobin level, serum beta hCG levels were crucial to determine the line of treatment.<sup>14</sup>

## Conclusion

Ectopic pregnancy still remains one of the challenging conditions in obstetrics and gynaecology practice. Though increasing awareness, accessibility to healthcare facilities and better diagnostic modalities have definitely improved the outcome in these patients. Any woman in the reproductive age group presenting with missed menstrual cycle, or bleeding per vagina or abdominal pain should be suspected and further investigated along the lines of being a possible ectopic pregnancy. If any associated history of abdominal surgery, previous abortion or pelvic inflammatory disease is there, they are most likely to be having an ectopic pregnancy.

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