

# FOLLOW UP STUDY OF ECTOPIC PREGNANCY

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## Introduction

Quite often, a gynaecologist is faced with the problem of answering a patient with ectopic pregnancy as to whether she will conceive again, whether the future pregnancy will be a normal one or not. So, the present study was designed to follow up ectopic pregnancy cases to bring out the nature of subsequent pregnancies with special reference to the incidence of post ectopic normal pregnancy.

## Material and Methods

In all, 75 patients were chosen at random for post ectopic follow-up, but only 60 cases responded. All these cases had undergone operative treatment for ectopic pregnancy during the years 1975-78 at Eden Hospital, Medical College Hospital, Calcutta. The incidence of ectopic pregnancy at the hospital for the 3 year

period was 1 in 219 births (Mitra *et al*, 1980), the total number of confinements being 27376. All the 60 cases were studied about 1-3 years after their ectopic pregnancy.

In this study, depending on the clinical behaviour during post operative follow up period, the patients were categorised into five major groups as in Table I.

TABLE I  
Grouping of Patients

Group No.	Category	No. of cases
(1)	Post ectopic normal pregnancy	18
(2)	Ectopic pregnancy for 2nd time	12
(3)	Partial salpingectomy of opposite Fallopian tube as a Sterilisation measure during the opn. for ectopic	12
(4)	Secondary infertility	12
(5)	No complaints or pregnancy	6
		60

(1) Post ectopic normal pregnancy occurred in 18 patients. Of these, 1 patient had secondary abdominal pregnancy and she was delivered of a living full term baby by laparotomy 2 years back. She confined a normal male baby per vaginum

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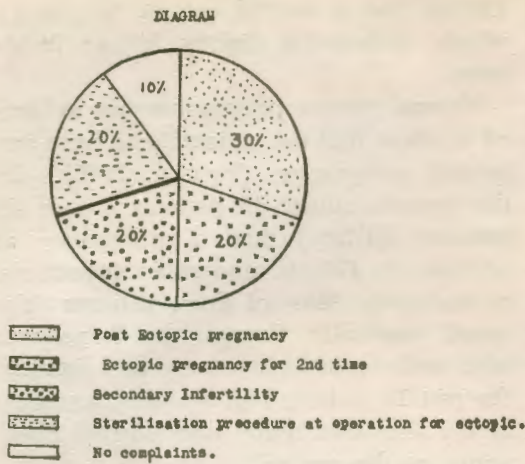


Fig. 1.

just 2 months back. Another case had ectopic gestation in the rudimentary horn of a bicornuate uterus and a subsequent normal pregnancy in the remaining well developed cornu of uterus. The outcome of pregnancy and mode of confinement in these 18 cases are given in Table II.

TABLE II  
Outcome of Pregnancy and Mode of Confinement in Group I

Outcome	No. of cases
LUCS	4
Normal delivery	10
Hysterotomy & lig.	1
Induced abortion	3
	<b>18</b>

(2) Pregnancy at an ectopic site for the second time was noted in 12 cases. In all these cases, a history of infertility and investigative procedure like dilatation, insufflation and curettage was obtained. Only 1 of these 12 cases, had the 2nd pregnancy on the same side as first ecto-

pic pregnancy, in ampullary part of right tube and 2nd time in the interstitial portion on the same side. Hysterosalpingogram in this case revealed a fimbrial block on the left side with an otherwise patent tubal lumen. Cuff salpingostomy was done later and its results are awaited.

(3) Total salpingectomy of the pathological tube along with partial salpingectomy of the opposite Fallopian tube as a sterilisation measure was carried out in 12 cases, since they had more than 2 living issues. Of these ectopic gestation in multiparous patients, history of manual removal of placenta following home confinement was obtained in 1, history of induced abortion with post abortal fever in another, and history of puerperal sepsis in 3 others prior to the ectopic gestation, was obtained. Only 1 case gave a history of minilap sterilisation by clips, and at operation for ectopic, the clip on the pathological tube was found missing.

(4) Secondary infertility was the principal complaint in 12 other cases following ectopic gestation. Past obstetric history in these cases is depicted in Table III.

TABLE III  
Past Obstetric History in Group (4) Patients

Past obstetric history	No. of cases
One living issue	5
One induced abortion	2
One premature delivery with dead baby	1
No conception prior to the ectopic pregnancy	4
	<b>12</b>

In all these cases, dilatation, insufflation and curettage and hysterosalpingography were advised. Five cases failed to turn up for hysterosalpingogram. Following conclusions were derived from combined



insufflation and salpingogram studies in the remaining 7 cases. Patency of opposite tubal lumen with no block—4 cases, patency of opposite tubal lumen with fimbrial block—3.

The principal complaint of patients in Group (2) is also infertility as they are ignorant of the fact that both the fallopian tubes have been removed.

(5) The 6 cases in Group (5) were desirous to have children but did not complain of infertility. However, insufflation tests in them indicated the remaining fallopian tube to be patent.

#### Discussion

Ectopic pregnancy is commoner in patients who had one ectopic pregnancy (Te Linde and Mattingly, 1970). Chronic endosalpingitis is the most important aetiological factor. The tissue damage from inflammation, whatever its nature, removes the ciliated epithelium, so important for ovum transport.

About 40% of women conceive following operative treatment for tubal pregnancy (Dawn, 1976). In the present series, groups (1) and (2) i.e. 30 patients conceived following ectopic gestation out of 60 cases. Since 12 cases underwent sterilisation measures, a value of 62.5% conception rate has been obtained.

Te Linde and Mattingly (1970) stated that in general approximately 10% of subsequent gestations result in a repeat ectopic pregnancy. Expressed in a different way, once a woman has a tubal pregnancy, her chance of having another is approximately 20 times greater than that of woman in general population. Chances of a second ectopic is relatively high. Jeffcoate (1967) reported that in woman who had become pregnant following an ectopic pregnancy, the chance of a second ectopic was 10 to 15 times more than the normal incidence. In our series, 12 cases

(20%) had a second ectopic pregnancy which indicates a slightly higher incidence.

Normal uterine pregnancies are achieved in about half the patients who have one ectopic pregnancy (Benson, 1976). In the present study, 18 patients out of 48 patients (37.5%) had a pregnancy at normal site (12 pts. underwent tubectomy procedures). Most of these patients delivered vaginally. Except the 3 patients who underwent hysterotomy and ligation, the rest 15 patients had ectopic pregnancy at the first conception and normal pregnancy at the second.

#### Summary

A follow-up study of 60 post ectopic cases was carried out, of these 30% had normal pregnancy, 20% underwent sterilisation procedure, 20% had 2nd ectopic pregnancy, 20% suffered from secondary infertility after the ectopic pregnancy. Only 10% had no complaints.

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#### References

1. Benson, R. C.: "Current Obstetric and Gynaecologic Diagnosis and Treatment", 1976. Large Medical Publications, P. 599.
2. Dawn, C. S. (1976): Text book of Obstetrics.
3. Jeffcoate, T. N. A.: "Principles of Gynaecology", Ex 2, London Butterworth, 1962.
4. Mitra, S., Sikdar, K. and Mandal, G. S.: J. Obstet. Gynaec. India, 30: 24, 1980.
5. Te Linde, R. W. and Mattingly, R. F.: "Operative Gynaecology", 4th Ed., J. B. Lippincot Company, Pg. 323.