

## UNRUPTURED ECTOPIC PREGNANCIES DIAGNOSED IN LAPAROSCOPIC STERILIZATION CAMPS

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### SUMMARY

In India where majority of population belongs to rural areas laparoscopic sterilization on nation wide scale is the best answer to the present need (Purandare, 1982). Unruptured ectopic pregnancy without any signs and symptoms is rare but not an exception. Laparoscopy provides a brilliant panoramic view of the pelvis and lower abdomen. Ectopic pregnancy if timely diagnosed and treated, can reduce maternal morbidity and mortality. Two cases of ectopic pregnancy diagnosed during laproscopic camps in rural areas, and transferred immediately to Medical College Hospital where managed promptly.

Laparoscopy, the hallmark of modern reproductive biology has added advantage of accelerating the family planning programme many folds due to decreased operative and recuperative time. Low cost, insignificant patient inconvenience and feasibility to carry it out in different camps which is direct approach to rural population are its great advantages.

Laparoscopic sterilization camps in rural areas originated in Maharashtra in 1973. In the last ten years or so laparoscopic sterilization camps have spread all over the country and millions of laparoscopic sterilizations are performed in camps every year. This reflects the inherent advantages of laparoscopy when employed for sterilization camps including safety from the patient's point of view?

There is no surgical procedure which

is without complications. Laparoscopy is no exception. Ectopic pregnancy continues to be an important cause of maternal mortality and the cause of death is pronounced haemorrhage. In ectopic pregnancy fatality can be prevented by early diagnosis and management of the case. As the incidence of ectopic pregnancy is increasing it should be kept in mind while performing mass laparoscopic sterilization camps.

From March 1982 to March 1986, 24,718 laparoscopic sterilizations with silastic rings were performed in rural areas by different authorised laparoscopists of Kamla Raja Hospital Gwalior. These camps were organised by local administrators and doctors. During laparoscopic sterilization camps two cases of unruptured ectopic pregnancies were diagnosed in two different camps, one at Dabra P.H.C. in Sept. 1985 and other at Bagchini (Mini P.H.C.) Jaura in Jan. 1986 show-

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ing an incidence of ectopic pregnancy of 1:12,359 cases (in camps).

Both these cases were transferred to Kamla Raja Hospital attached to Medical College, Gwalior, where laparotomy was performed and salpingectomy was done on one side and tubectomy on other side. While transferring the cases from Mini P.H.C. to Medical College, in one case fimbrial abortion was started with intra-peritoneal haemorrhage but as prompt treatment was given there was no morbidity or mortality and both patients were discharged on 10th post operative day.

There is a tremendous scope to eliminate mortality and to minimise morbidity at our laparoscopic sterilization camps. This calls for determined and sincere efforts on the part of everybody involved in these camps—administrators, organisers and surgeons. Every camp must be adequately equipped with personnel and paraphernalia to promptly manage any complication that may arise unexpectedly like ectopic pregnancy.

References

1. Purandare, V. N.: J. Obstet. Gynec. India, Editorial 32: 721, 1982.

See Fig on Art Paper I