# ECTOPIC GESTATION—11 YEARS REVIEW FROM 1976 TO 1986

By

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## SUMMARY

**Two hundred thirty-five cases of ectopic gestation were analysed during a 11-year period at Government General Hospital, Guntur and the incidence was found to be 1 in 178 births. Past history of P I D, Laparotomy, Tubectomy and other factors contributed in 67% of cases. The classical picture of disturbed ectopic pregnancy was found in 60% of cases. An immediate clinical diagnosis was possible in 73% of cases. Mistaken diagnosis of various medical, surgical and gynaecological conditions were made in 19% of cases. Various surgical procedures like, Salpingectomy, Salpingoopherectomy and hysterectomy were carried out depending upon the Pathology at the time of laparotomy. There were 2 cases of deaths reported in this study.**

*Introduction*

Ectopic pregnancy is one of the commonest acute abdominal emergencies a gynaecologist has to meet in his/her day to day practice. Many a times the diagnosis is missed due to atypical presentations. The present study was undertaken to review 235 cases of ectopic gestation which were treated in Goverment General Hospital, Guntur.

*Material and incidence*

There were 235 cases of ectopic gestation during a 11 year period from January 1976 to December 1986 when 42,037 births took place. The incidence of ectopic gestation is found to be 1 in 178 births.

*Observations*

The average age is found to be 29.1 years and average parity is 3. The probable predisposing factors were analysed and they were found to be as follows:

TABLE I

*The Probable Predisposing Causes for Ectopic Gestation*

| Previous history | No. of cases | % |
|---|---|---|
| 1. Investigated for sterility | 15 | 6.3 |
| 2. Spontaneous abortion | 30 | 12.6 |
| 3. Induced abortion | 15 | 6.3 |
| 4. PID | 42 | 17.8 |
| 5. Previious ectopic | 6 | 3.6 |
| 6. Tubal recanalisation | 2 | 1.2 |
| 7. Previous tubectomy | 30 | 12.7 |
| 8. Nil significant | 79 | 33 |
| Total | 235 | 100.0 |

Significant past history was obtained in 67% of cases.

The classical symptoms like aamenorrhoea, vaginal bleeding and pain were

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found in 141 cases (60%) and the symptoms were atypical in 94 cases (40%). Mistaken diagnosis of medical surgical and gynaecological conditions were made in 45 cases (19%).

TABLE II
*Shows Clinical Signs*

| Clinical signs | No. of cases | % |
|---|---|---|
| Pallor | 146 | 62 |
| Shock | 33 | 14 |
| Abdominal distension | 56 | 24 |
| | 235 | 100.0 |

At the time of admission pallor was the commonest clinical sign in 62% of cases, shock in 14%, distension of abdomen in 24%. Along with the above, the other signs noticed were abdominal rigidity, tenderness, ileus. Abdominal and pelvic masses and pyrexia. Culdocentesis was positive in 171 cases (73%), false negative in 23 cases (9.7%); not done in 41 cases (17.3%).

TABLE III
*Site of Ectopic Gestation at Laparotomy*

| Site | No. of cases | % |
|---|---|---|
| 1. Fallopian tube | 223 | 95 |
| a. Cornual | 3 | 1.2 |
| b. Interstitial | 5 | 2.1 |
| c. Isthmial | 42 | 18.0 |
| d. Ampullary | 173 | 73.7 |
| 2. Rudimentary horn | 6 | 2.5 |
| 3. Ovarian | 2 | 0.8 |
| 4. Secondary abdominal | 4 | 1.7 |
| Total | 235 | 100.0 |

The commonest site of gestation is found to be the tube (95%). In the tube, the ampullary region was the site of ectopic in 73.6% of cases. Rest of the sites were, rudimentory horn in 6 cases; ovarian in cases and secondary abdominal in 4 cases. There were 2 cases of intra-uterine pregnancy associated with tubal pregnancy. There were 6 cases of bilateral tubal gestation.

TABLE IV
*Mode of Termination*

| Mode of termination | No. of cases | % |
|---|---|---|
| 1. Rupture (Tubal, Ovarian, Rudimentary horn) | 138 | 59.0 |
| 2. Tubal abortion | 88 | 37.2 |
| 3. Unruptured | 9 | 3.8 |
| Total | 235 | 100.0 |

Ruptured ectopic gestation was found in 59%, tubal abortion was seen in 37.2% and unruptured was seen in 9 cases (3.8%). There were 35 cases (15%) of chronic ectopic gestation in our series.

*Management*

Immediate resuscitation was done in acute cases. All the patients had received blood transfusions and 22 patients had received auto transfusion. Partial or total salpingectomy or salpingo-oopherectomy (35%) was the most frequent operation. Ovaries were removed whenever they were involved in disease process. Milking of products of conception was done in 2% of cases. Hysterectomy along with salpingo-oopherectomy was done in 10 (4.2%) cases. Removal of placenta and fetus in 4 cases of secondary abdominal pregnancy.

Post operative complications like peritonitis, wound infection, urinary tract infection was found in 9.6% of cases. There were 2 deaths (0.8%) one was a case of secondary abdominal pregnancy and another was a case of tubal rupture. Both the patients were handled outside and referred to our hospital in a moribund state.

However, laparotomy was done on these two subjects but both the patients died during surgery.

*Discussion*

The incidence of ectopic gestation reported by others such as Ghose and Ghose (1968), Mitra (1965), Rajan and Nair (1976); Maley and Auma (1970), Onmachigui *et al* as varying between 1 in 85 to 1 in 378 births. Mandal *et al* reported the incidence as 1 in 219 births; ours is 1 in 235 births. The classical picture of disturbed ectopic gestation was reported by Omachigui (1976): Mandal *et al* (1980) as 25.3%; 15% and 22.4% of cases. In our series it was found to be high (60%).

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