Ectopic Gestation - 5 years Review from 1992-97

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Summary : Fifty two cases of ectopic gestation were analysed during a period of five years (1992-97) at S.G.T.B. Hospital, Govt. Medical College, Amritsar. Past history of PID, abortion, sterility, abdominopelvic surgery were contributory in 70% of the cases. The classical picture of disturbed ectopic pregnancy was found in 61.5% cases. An immediate clinical diagnosis was possible in 77% cases.

Ultrasound was the most useful parameter for diagnosis of ectopic pregnancy. It was utilized in 46.2% cases. Partial or total salpingectomy was performed in 61.5% cases. Among the cases of unruptured ectopic pregnancies, milking of products of conception, segment resection and tubotubal anastomosis and oral methotrexate was given in one case each.

Introduction

Ectopic pregnancy is one of the commonest acute abdominal emergencies. No other gynaecological lesion produces as variable and atypical a picture as an ectopic pregnancy. Quite often delayed or mistaken diagnosis delays surgical treatment and endangers the life of the patient. The object of this paper is to analyse various aspects of ectopic pregnancy as reviewed from clinical records.

Material and Methods

In all 52 cases of ectopic pregnancy were operated upon at S.G.T.B. hospital, Amritsar during period of 5 years from 1992-97, These were analysed. A detailed note was made of the past obstetric, menstrual and medical histories. Stress was laid on the past contraceptive use, any pelvic pathology or any previous surgery undergone by the patient. Presenting symptoms, pelvic examination findings and operative findings were recorded. Colpopuncture and E.U.A. was done in 27% cases and diagnostic laparoscopy done in 11.5% cases where diagnosis was not so clear, ultrasound was done in 46.2% of the cases.

Obsevations

Majority of patients were in the 3rd decade of life. This is in contrast to the findings of Doyle et al (1991) who observed a three fold higher rate for women 35-44 years of age as compared to women 15-24 years. In the present study 33% patients were primigravidae and 56% were multiparae.

Table I

Showing Analysis of Ectopic in Relation to Age of Patient

Age in years	No. of patients	Percentage
<20	1	1.90
21-25	24	46.20
26-30	20	38.50
>31	7	13.40

Risk Factors

In the present study it was observed that 40.4% patients had no identifiable risk factors. Stock (1990) reported similar findings with 42% of patients with no identifiable risk factor.

Out of 52 cases, 75% had regular menstrual cycles, 23% had irregular cycles and only 2% had lactational amenorrhoea of more than one year's duration. Table II also shows 21% cases had a last abortion 11.5% spontaneous and 9.6% induced abortion.

Out of 36.5% cases of infertility, 27% had primary infertility of a least 2 years duration. A history of abdomino pelvic surgery was obtained in 7.7% cases.

In all 7.7% cases used intrauterine contraceptive devi for varying periods.

Table II

Showing Risk Factors in Patients of Ectopic Pregnancy

Sr. No.	Risk Factors	No. of patients	Percentage
1.	No identifiable risk factors	21	40.4
2.	Menstrual history		
	- Regular periods	39	75.0
	- Irregular periods	12	23.0
	- Amenorrhoea (>1 year)	1	2.0
3.	History of last abortion	11	21.0
	- Spontaneous	6	11.5
	- Induced	5	9.6
4.	History of sterlity	19	36.5
	- Primary	14	27.0
	- Secondary	5	9.6
5.	Histoy of previous abdomino pelvic surgery	4	7.7
6.	Use of I.U.C.D (> 6 months)	4	7.7

Total number is more as some patients had more than one risk factors.

Table III

Showing Analysis of Presenting Clinical Picture

Sr. No.	Presenting symptoms	No. of patients	Percentage
1.	Abdominal pain	48	92.3
2.	Vaginal bleeding	40	77.0
3.	Amenorrhoea	32	61.5
4.	Nausea, vomiting	20	38.5
5.	Syncope	20	38.5
6.	Fever	08	15.4
7.	Passed decidual cast	02	3.8
8.	Others	10	19.0
Presenting signs:			
1.	Abdominal tenderness	48	92.3
2.	Vaginal tenderness	48	92.3
3.	Mass in either fornix	45	86.5
4.	Tenderness on cervical movements	40	77.0
5.	Marked pallor	26	50.0
6.	Shock	10	19.0
7	Mass in abdomen	03	5.7

Clinical features:

Table III shows 92.3% patients complained pain in abdomen, 61.5% amenorrhoea and 77% abnormal vaginal bleeding. Syncope, nausea, vomiting were seen in 38.5%. Abdominal and vaginal tenderness was seen in 92.3%, 86.5% had mass in either fornix on vaginal examination and 77% had tenderness on cervical movements. Marked pallor and shock in 50% and 19% respectively.

Presenting signs and symptoms as seen in table III were in agreement with Brenner et al (1990).

Table IV

Showing site of Ectopic Gestation - at Laparotomy

Sr. No. Site	No. of Patients	Percentage
1. Fallopian tube	48	92.3
a. Cornual	1	1.9
b. Interstitial	1	1.9
c. Isthmal	8	15.4
d. Ampullarry	38	70.0
2. Rudimentary horn	1	1.9
3. Ovarian	2	3.8
4. Secondary abdominal	1	1.9

Culdocentesis was used as the commonest diagnostic tool alone in 40.4% due to lack of immediate access to sophisticated diagnostic modalities. Diagnostic laparoscopy and pregnancy test were done alone or in combination with other tests in 9.6% and 21% cases respectively. Ultrasound was used in 46.2% cases. The most useful ultrasound parameter that correlated best with diagnosis of ectopic pregnancy was presence of complex adenexal mass with fluid in pouch of Douglas.Romero et al (1988) had similar experience.

The commonest site of gestation is found to be in the tube (92.3%). In the tube, the ampullary region was the commonest site in 70%, 15.4% in the isthmus, 1.9% in the interstitial part.

Rest of the sites were rudimentary horn in 1.9% cases, ovarian in 3.8% cases, and secondary abdominal pregnancy in 1.9%. Of the total 52 cases, 61.5% were ruptured ectopic, tubal abortion in 27% and unruptured ectopic pregnancy was seen in 8% cases. Chronic ectopic gestation was seen in 12% cases.

Management

Immediate resusciation was done in acute cases. Partial or total salpingectomy was done in 61.5% cases. Among unruptured ectopic pregnancy, milking of products of conception was done in 1 case, one was treated by resection of ectopic site and tubotubal anastamosis and one patient who had contralateral tubal block, linear salpingostomy was done. One patient was treated with oral methotrexate and citrovorum factor and responded well. Removal of placenta and foetus was done in one case of secondary abdominal pregnancy.

Conclusions

Ectopic pregnancy should be considered in women of reproductive age especially when high risk factors are present. Early diagnosis and proper treatment saves many lives. Usually these patients have infertility problems. Every attempt should be made to conserve the fertility potential. D'Mello et al (1988) reported higher incidence of 38% of oopherectomy in their series. A number of studies have shown no clear benefit from hemicastration. This procedure should be abandoned as there are various possibilities of assisted reproductive techniques available even in presence of bilateral irreparable tubal damage.

References

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