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Research Article

**ANALYSIS OF ECTOPIC PREGNANCY CASES AMONG
LOCAL POPULATION OF PAKISTAN**Dr Abdul Samad¹, Dr Arooj Fatima², Dr Nafisa Shahid²¹Tehsil Headquarter Hospital Daska, Sialkot, ²District Headquarter Teaching Hospital,
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Abstract:

Introduction: Ectopic pregnancies have shown an increasing trend during the past decade. Factors that appear to be responsible are the intrauterine device (IUD), fallopian tube surgery (ligation reversals, reconstructive tuboplasty), and more effective antibiotics against pelvic inflammatory disease (precluding radical pelvic surgery).

Aims and objectives: The basic aim of the study is to analyze the ectopic pregnancy cases among local population of Pakistan.

Material and methods: This cross sectional study was conducted at District Headquarter Teaching Hospital, Gujranwala During June 2018 till November 2018. There were 50 patients who were registered as a EP in this time period. These patients were admitted through emergency or outpatient department. After history and examination, provisional diagnosis was made. Relevant investigations included complete blood picture, blood group and ultrasound.

Results: In this present study there was 50 registered cases of EP in the hospital. Majority of the women were aged 21-30 years. The most common risk factors were previous abortion (36.1%) and pelvic surgery (37.5%). Among the women who underwent pelvic surgery, 15 women had undergone tubectomy and two women had a tubal recanalization. The frequency of ectopic pregnancy was 1.3%. Multiparous women were found to be more prone to have ectopic pregnancy (6.1%). The gestational age ranged between 4-11 weeks and the most frequent gestational age was around 6 weeks.

Conclusion: It is concluded that to reduce morbidity due to EP there is need of early diagnosis. This can be done by screening of high risk patients giving an early diagnosis and intervention before tubal integrity is lost.

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INTRODUCTION:

Ectopic pregnancies have shown an increasing trend during the past decade. Factors that appear to be responsible are the intrauterine device (IUD), fallopian tube surgery (ligation reversals, reconstructive tuboplasty), and more effective antibiotics against pelvic inflammatory disease (precluding radical pelvic surgery). Our ability to diagnose an ectopic pregnancy at an earlier gestation (prior to rupture) through the use of highly sensitive pregnancy tests (Beta-HCG), ultrasonography, and diagnostic laparoscopy, has significantly altered our approach in treatment [1]. Because these ectopic gestations are seen in a younger population, older nulliparous patients, and patients who desire future fertility, earlier diagnosis precludes an emergency approach to a now-elective procedure. In this paper, we will explore the pros and cons of conservative management for ectopic pregnancies, emphasizing present day evaluation and microsurgical approaches for repair [2]. Ectopic Pregnancy (EP) is a pregnancy implanted outside the cavity of the uterus. It is well recognised as a life-threatening emergency in early pregnancy [3]. The incidence of EP is around 1-2% in most hospital based studies. Ectopic pregnancy is defined as any intra or extra-uterine pregnancy in which the fertilized ovum implants at an aberrant site which is inconducive to its growth and development [2]. Diagnosis requires a high index of suspicion as the classic triad of amenorrhoea, abdominal pain and vaginal bleeding is not seen in majority of cases. Women may present with non-specific symptoms, unaware of an ongoing pregnancy or even present with haemodynamic shock⁴. The contribution of EP to the maternal mortality rates in developing countries including India is not precisely known, with data from

few studies indicating 3.5-7.1% maternal deaths due to EP [5].

Aims and objectives:

The basic aim of the study is to analyze the ectopic pregnancy cases among local population of Pakistan.

MATERIAL AND METHODS:

This cross sectional study was conducted at District Headquarter Teaching Hospital, Gujranwala During June 2018 till November 2018.. There were 50 patients who were registered as a EP in this time period. These patients were admitted through emergency or outpatient department. After history and examination, provisional diagnosis was made. Relevant investigations included complete blood picture, blood group and ultrasound. Other investigations i.e. the liver function tests and platelets were done in patients who were given methotrexate. Based on thorough evaluation, type of management was decided. Where any surgical procedure was performed, specimen was sent for histopathological examination.

RESULTS:

In this present study there was 50 registered cases of EP in the hospital. Majority of the women were aged 21-30 years. The most common risk factors were previous abortion (36.1%) and pelvic surgery (37.5%). Among the women who underwent pelvic surgery, 15 women had undergone tubectomy and two women had a tubal recanalization. The frequency of ectopic pregnancy was 1.3%. Multiparous women were found to be more prone to have ectopic pregnancy (6 1%). The gestational age ranged between 4-11 weeks and the most frequent gestational age was around 6 weeks.

Table 01: Risk factors for ectopic pregnancy

Risk factors	N	%
Previous abortion	15	12.9
Infertility treatment	4	10.3
Use of contraceptive devices	2	5.1
Tubal ligation	1	2.6
Previous ectopic	3	3.1
Pelvic inflammatory disease	12	5.1

DISCUSSION:

Ectopic pregnancy is a life threatening emergency in obstetrics. It remains as an important contributor to maternal morbidity and mortality, and is one of the commonest causes of 1st trimester maternal deaths⁶. The prevalence of ectopic pregnancy among women who go to an emergency department with first trimester bleeding, pain or both, varies from 6 to 16%. Singh et al., reported that 52% of their cases did not have preceding amenorrhoea [7-8]. Women may be unaware of an ongoing pregnancy and hence may not anticipate a pregnancy complication. Such women are most often seen first at a primary health centre or by a general practitioner and hence, the importance of careful history-taking cannot be over emphasized [9-10].

Among the risk factors, previous pelvic surgery was the most common (37.5%), followed by previous abortions (36.1%) in our study. Studies from various regions have reported a similarly high incidence of previous abortions, but contrary to our study previous abortions were the most common risk factor for EP in these studies [11]. The reason for previous pelvic surgery being the most common risk factor in our study could be attributed to the high caesarean section (33.6%) and tubal sterilization (57.4%) rates in our state.

CONCLUSION:

It is concluded that to reduce morbidity due to EP there is need of early diagnosis. This can be done by screening of high risk patients giving an early diagnosis and intervention before tubal integrity is lost.

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