



CODEN [USA]: IAJPBB

ISSN : 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**

SJIF Impact Factor: 7.187

<http://doi.org/10.5281/zenodo.4393521>Available online at: <http://www.iajps.com>

Research Article

RISK FACTORS OF ECTOPIC GESTATION IN PAKISTANDr Sobia Rafiq¹, Dr Muhammad Saleem², Dr Muhammad Zain Ul Abideen Roy³

Article Received: October 2020 Accepted: November 2020 Published: December 2020

Abstract:

Ectopic pregnancy is the complication of pregnancy in which the product of conception implants outside the uterine cavity. The basic aim of the study is to analyse the risk factors of ectopic gestations in Pakistan. This cross sectional study was conducted in Health Department Punjab during 2019 to 2020. The data was collected through a survey analysis in which we find the socio demographic status of female patients. The detailed history of pregnancy were collected from hospital data. We find the risk factors of ectopic pregnancies among local population of Pakistan. The data were collected from 74 pregnant females. The patient had an emergency laparotomy with macromolecular resuscitation, blood products transfusion, and intravenous antibiotic therapy. Peroperative exploration has found haemoperitoneum of great abundance. The right fallopian tube had an ampullary hematosalpinx of 3 cm of long and the left fallopian was an isthmic ruptured of ectopic pregnancy with scraps inside. It is concluded that by identifying risk factors being amenable to modification, such as cigarette smoking, the effective risk-reduction strategies can be devised.

Corresponding author:

Dr. Sobia Rafiq,

QR code



Please cite this article in press Sobia Rafiq et al, **Risk Factors Of Ectopic Gestation In Pakistan.**, *Indo Am. J. P. Sci*, 2020; 07(12).

INTRODUCTION:

Ectopic pregnancy is the complication of pregnancy in which the product of conception implants outside the uterine cavity i.e. in the uterine tubes, cervix, ovaries and abdomen. It is life-threatening emergency and a major cause of maternal morbidity and mortality. The incidence rate is 0.5%-1.5% of all pregnancies. Ectopic pregnancy is defined as a pregnancy that occurs outside of the uterine cavity. The most common site of ectopic pregnancy is the fallopian tube. Most cases of tubal ectopic pregnancy that are detected early can be treated successfully either with minimally invasive surgery or with medical management using methotrexate. However, tubal ectopic pregnancy in an unstable patient is a medical emergency that requires prompt surgical intervention [1].

The incidence of ectopic pregnancy is 1–2% in the United States. Since the 1980's, there has been a significant decline in mortality, decreasing from 1.15 deaths per 100,000 between 1980–1984 to 0.50 deaths per 100,000 between 2003–2007 [2]. Despite this decrease, ectopic pregnancy is still a leading cause of morbidity and mortality and there remains a racial disparity, with a higher mortality rate for African American women [3]. While there are a greater percentage of women treated medically as compared to surgically, one must remain mindful of both the advantages and limitations of medical and surgical management of ectopic pregnancy and when it is appropriate to use a specific treatment. Medical management may not always be the optimal choice for a particular patient [4].

The fallopian tube is the most common location of ectopic implantation, accounting for more than 90% of cases. However, implantation in the abdomen (1%), cervix (1%), ovary (1–3%), and cesarean scar (1–3%) can occur and often results in greater morbidity because of delayed diagnosis and treatment [5].

Aims and objectives:

The basic aim of the study is to analyse the risk factors of ectopic gestations in Pakistan.

MATERIAL AND METHODS:

This cross sectional study was conducted in Health Department Punjab during 2019 to 2020. The data was collected through a survey analysis in which we find the socio demographic status of female patients. The detailed history of pregnancy were collected from hospital data. We find the risk factors of ectopic pregnancies among local population of Pakistan. To evaluate the association between ectopic pregnancy and 22 potential risk factors, we conducted a population-based case-control study. The investigation included 74 cases diagnosed. Univariate matched analyses revealed nine variables associated with a significantly elevated relative risk of ectopic pregnancy.

Statistical analysis:

A chi-square test was used to examine the difference in the distribution of the fracture modes (SPSS 19.0 for Windows, SPSS Inc., USA).

RESULTS:

The data were collected from 74 pregnant females. The patient had an emergency laparotomy with macromolecular resuscitation, blood products transfusion, and intravenous antibiotic therapy. Peroperative exploration has found haemoperitoneum of great abundance. The right fallopian tube had an ampullary hematosalpinx of 3 cm of long and the left fallopian was an isthmic ruptured of ectopic pregnancy with scraps inside (table 1). The diagnosis of bilateral ectopic gestation was made. A bilateral salpingectomy was then performed. Histological analysis has concluded to the same diagnosis. Counseling has been done to the couple on the necessity to resort to medical help of procreation in case of future need of child.

Table 1: Distribution of the site, location and direction of EP

| Variable | (%) |
|-----------------|-----------|
| Site of EP | |
| Fimbrial | 16 (19.3) |
| Isthmic | 8 (9.6) |
| Ampullary | 52 (62.7) |
| Ovarian | 4 (4.8) |
| Interstitial | 1 (1.2) |
| NA* | 2 (2.4) |
| EP location | |
| Tubal | 77 (92.8) |
| Ovarian | 4 (4.8) |
| NA* | 2 (2.4) |
| Direction of EP | |
| Right | 51 (61.4) |
| Left | 29 (34.9) |
| NA* | 3 (3.6) |

EP=Ectopic pregnancy; *NA=Not available

DISCUSSION:

Similar to other studies, we found that, among all the possible risk factors of EP, the strongest evidence is for an association between previous EP and sequent EP. According to our results, the risk of EP was almost 17 times higher for women who had prior EP compared to controls (OR = 17.165, 95% CI = 1.89–155.67). Barnhart et al. indicated that the risk of facing a repeat EP increases intensely with the number of prior EP (OR = 2.98 for one prior EP and OR = 16.04 for 2 or more) [7].

According to our results, among contraceptive methods only after use of IUD, there was a 4-5 fold increased risk of a subsequent EP. Early studies on risk factors of EP indicated that OR greater than one belonged to current IUD use [8]. Although the exact mechanism by which implantation is occurring outside the uterus is not well understood, it is thought that IUD-induced inflammation may result in deciliation of the endosalpinx and then delays ovum transport, which leads to EP [9].

In addition, other influencing factors associated with decreasing risk of EP are the displacement of the IUD and use of anti-inflammatory drugs including paracetamol or aspirin before the pregnancy. In our

study, we didn't evaluate the impact of these variables [10].

CONCLUSION:

It is concluded that by identifying risk factors being amenable to modification, such as cigarette smoking, the effective risk-reduction strategies can be devised. Additional studies are needed to be performed on hormonal and immunologic factors possibly involved in EP.

REFERENCES:

1. Barnhart KT, Sammel MD, Gracia CR, Chittams J, Hummel AC, Shaunik A. Risk factors for ectopic pregnancy in women with symptomatic first-trimester pregnancies. *Fertil Steril*. 2006;86:36–43.
2. Bouyer J, Coste J, Shojaei T, Pouly JL, Fernandez H, Gerbaud L, et al. Risk factors for ectopic pregnancy: A comprehensive analysis based on a large case-control, population-based study in France. *Am J Epidemiol*. 2003;157:185–94.
3. Guerrero-Martínez E, Rivas-López R, Martínez-Escudero IS. Some demographic aspects associated with ectopic pregnancy. *Ginecol Obstet Mex*. 2014;82:83–92.
4. Omokanye LO, Balogun OR, Salaudeen AG, Olatinwo AW, Saidu R. Ectopic pregnancy in

- Ilorin, Nigeria: A four year review. *Niger Postgrad Med J.* 2013;20:341–5.
5. Tenore JL. Ectopic pregnancy. *Am Fam Physician.* 2000;61:1080–8.
 6. Pisarska MD, Carson SA, Buster JE. Ectopic pregnancy. *Lancet.* 1998;351:1115–20.
 7. Clayton HB, Schieve LA, Peterson HB, Jamieson DJ, Reynolds MA, Wright VC. Ectopic pregnancy risk with assisted reproductive technology procedures. *Obstet Gynecol.* 2006;107:595–604.
 8. Shaunik A, Kulp J, Appleby DH, Sammel MD, Barnhart KT. Utility of dilation and curettage in the diagnosis of pregnancy of unknown location. *Am J Obstet Gynecol.* 2011;204:130.e1–6.
 9. Chow JM, Yonekura ML, Richwald GA, Greenland S, Sweet RL, Schachter J. The association between *Chlamydia trachomatis* and ectopic pregnancy. A matched-pair, case-control study. *JAMA.* 1990;263:3164–7.
 10. Skjeldestad FE, Hadgu A, Eriksson N. Epidemiology of repeat ectopic pregnancy: A population-based prospective cohort study. *Obstet Gynecol.* 1998;91:129–35.