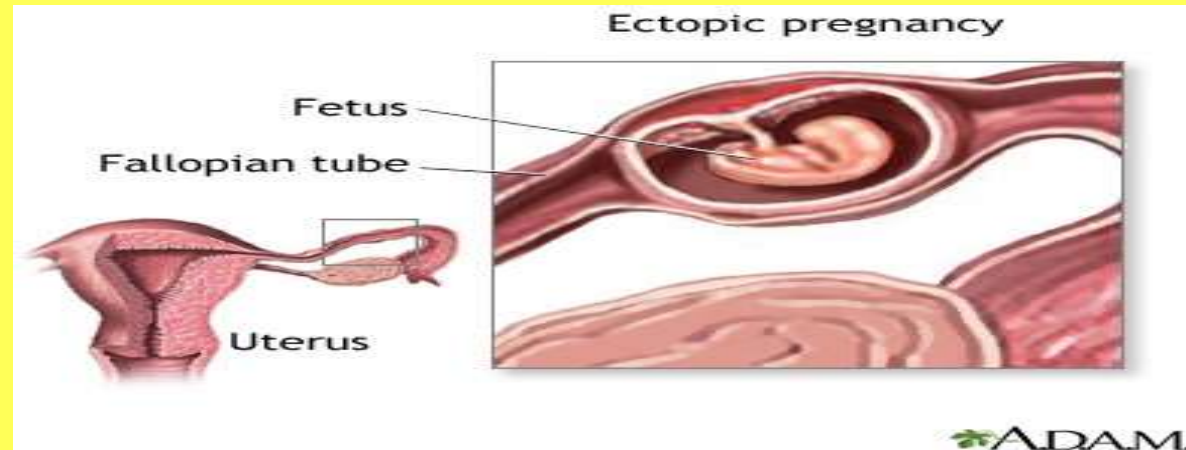
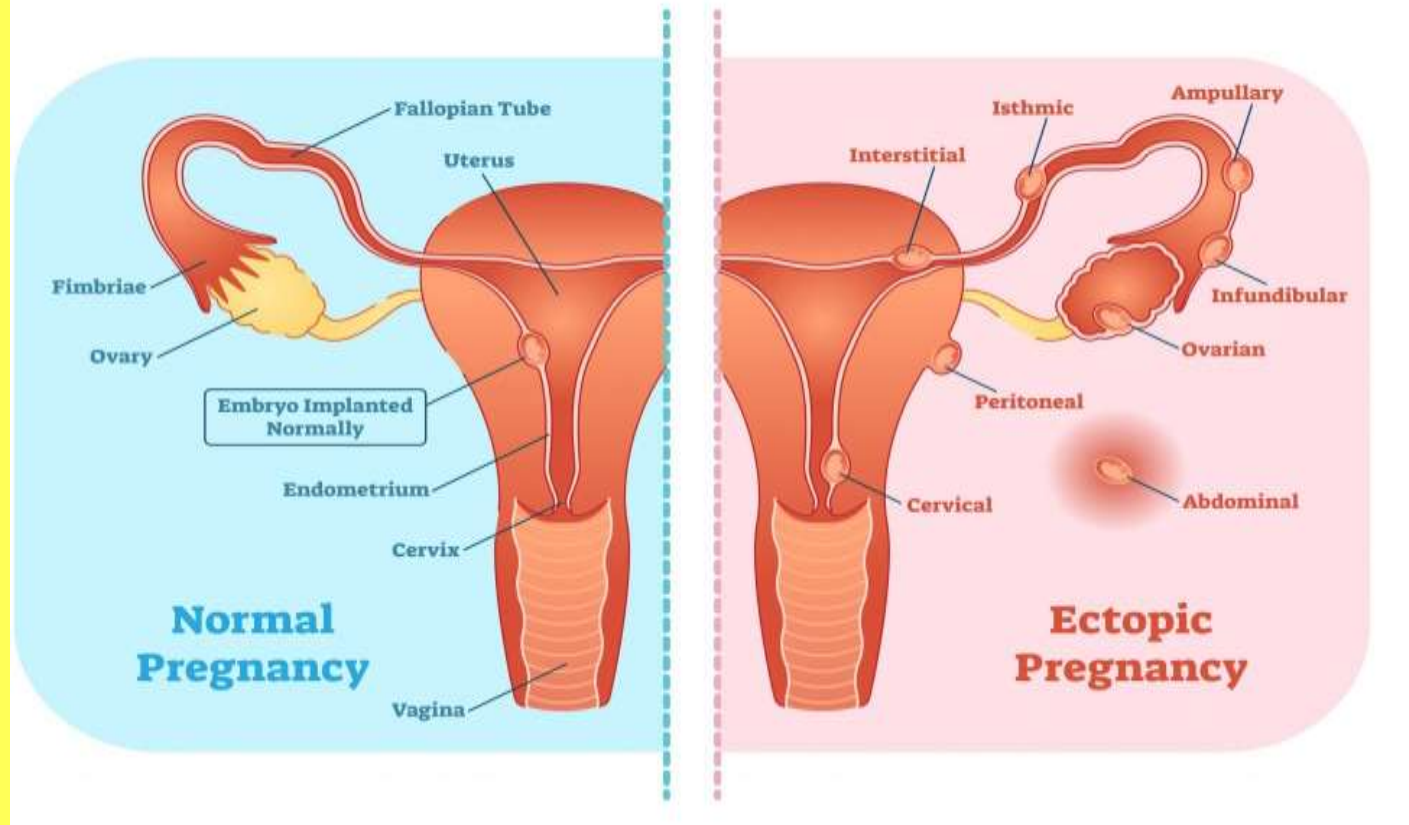


ECTOPIC PREGNANCY



ECTOPIC PREGNANCY/ II YEAR/PA/OBSTETRICS/
SNSCAHS/SUMATHYRAJA

ECTOPIC PREGNANCY



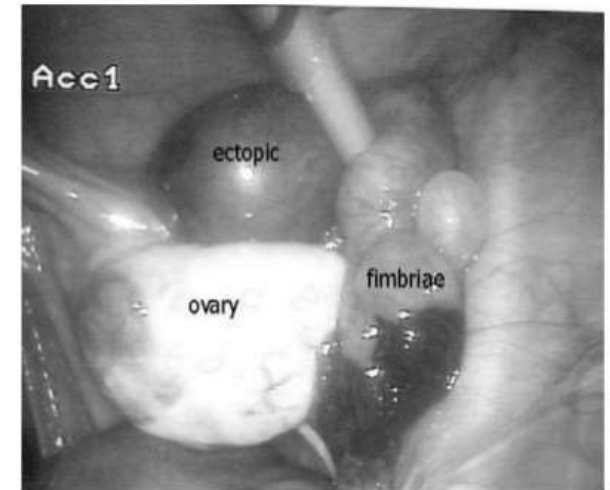


INTRODUCTION

- Ectopic pregnancy, also known as eccyesis or tubal pregnancy, is a complication of pregnancy in which the embryo attaches outside the uterus.
- An ectopic pregnancy occurs when the fertilized egg attaches itself in a place other than inside the uterus.

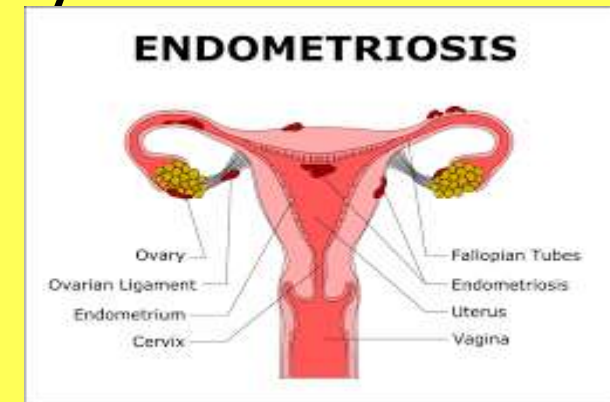
DEFINITION

- “Any pregnancy where the fertilized ovum gets implanted & develops in a site other than normal uterine cavity”.



ETIOLOGY

- Hormonal factors
- Genetic abnormalities or congenital abnormalities
- Medical condition that affect the shape and condition of the fallopian tubes and reproductive organs.
- Inflammation and scarring of the fallopian tubes from a previous medical condition, infection, or surgery.



RISK FACTORS

- Maternal age of 35 years old
- History of pelvic surgery, abdominal surgery or multiple abortions
- History of pelvic inflammatory disease
- History of endometriosis





RISK FACTORS



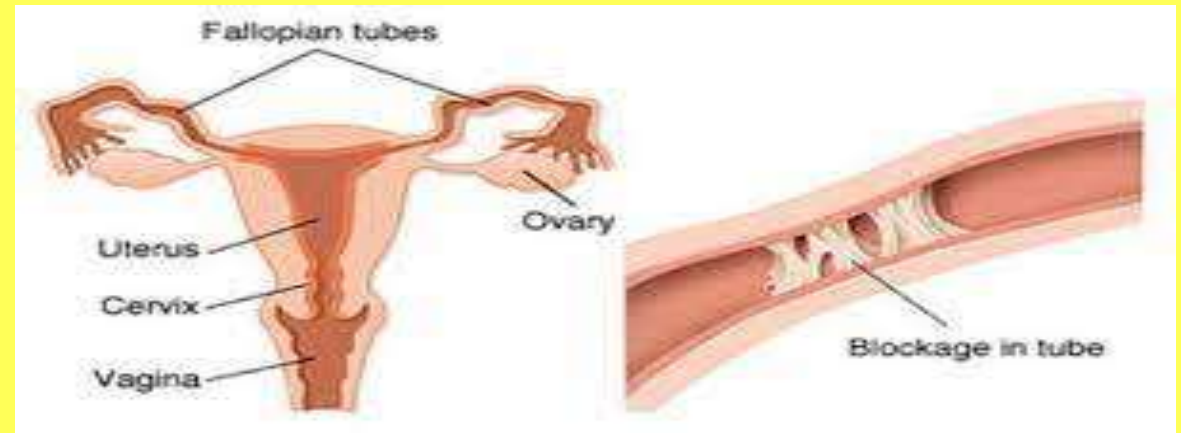
- Conception occurred despite tubal ligation or intrauterine device (IUD)
- Conception aided by fertility drugs and procedure
- Smoking
- History of ectopic pregnancy



CONT...

..

- History of sexually transmitted disease (STDs), such as gonorrhea or chlamydia
- Having structural abnormalities in the fallopian tubes that make it hard for the egg to travel

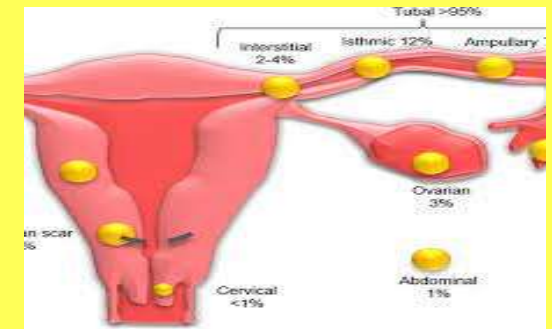


CLASSIFICATION/ SITES OF ECTOPIC

- **Tubal pregnancy:**

The majority of ectopic pregnancies 95 – 98% implant in the fallopian tube, among these:

- 80% in the ampulla
- 10% in the isthmus
- 5% in fimbria
- 2% interstitial
- 2% in a rudimentary horn of a bicornuate uterus





SITES OF ECTOPIC

- **Non tubal pregnancy:**

Rare sites (2 – 5%) are;

The ovaries, broad ligaments, abdominal cavity, peritonium and cervix.

- **Heterotrophic pregnancy:**

In rare cases of ectopic pregnancy 1/1000. there may be two fertilized eggs, one outside the uterus and the other inside. This is called a heterotopic pregnancy.



PATHOPHYSIOLOGY

- The trophoblast develops in the fertilized ovum and invades deeply into the tubal wall.
- Following implantation, the trophoblast produces HCG which maintains the corpus luteum.
- The corpus luteum produces oestrogen and progesterone which change in secretory endometrium into decidua. The uterus enlarges upto 8 weeks and becomes soft.

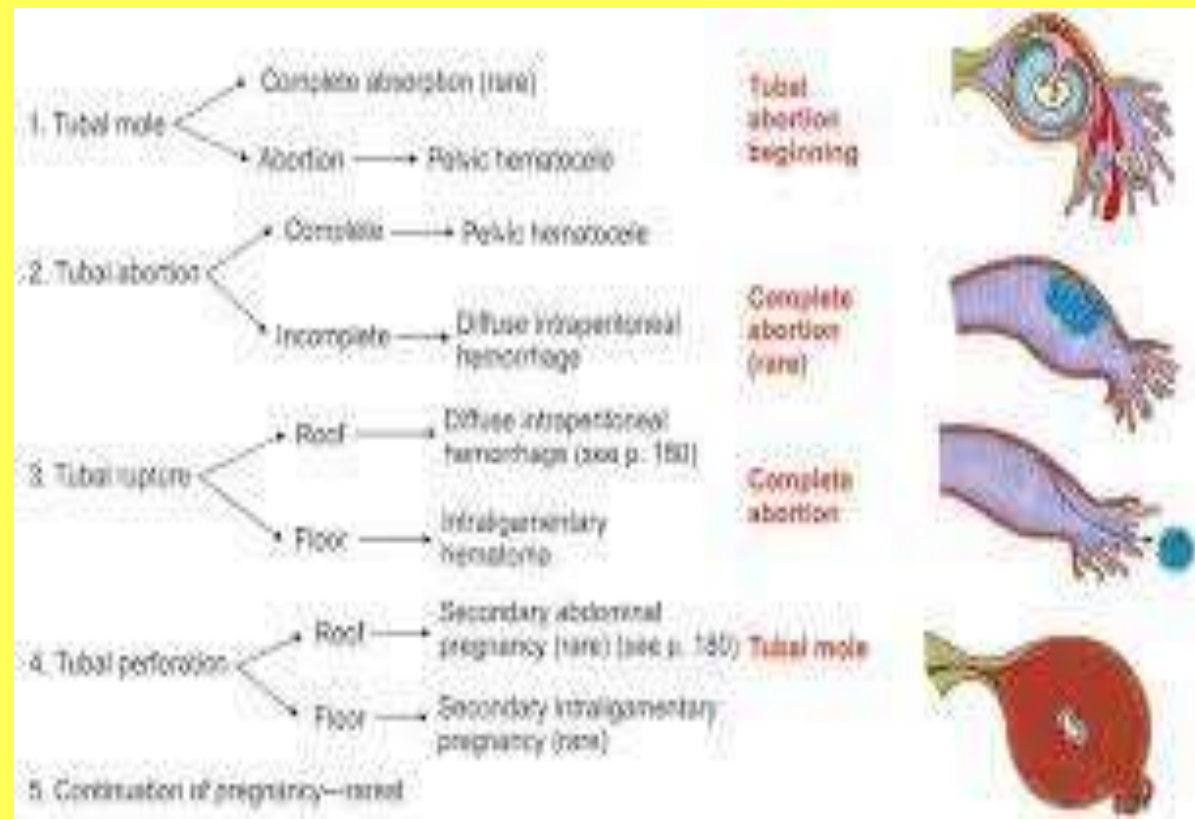


Cont...

- The tubal pregnancy does not usually proceed beyond 8 – 10 weeks due to:
 - lack of decidual reaction in the tube
 - the thin wall of the tube
 - the inadequacy of the tubal lumen
 - bleeding in the site of implantation as trophoblast invades.

OUTCOMES OF ECTOPIC PREGNANCY

- Tubal Mole
- Tubal Rupture
- Tubal Abortion
- Abdominal pregnancy





SIGNS & SYMPTOMS



- Nausea and breast soreness are common symptoms in both ectopic pregnancy and uterine pregnancies,
- Sharp waves of pain in the abdomen, pelvis, shoulder, or neck
- Severe pain occurs on one side of the abdomen
- Light to heavy vaginal spotting or bleeding
- Dizziness or fainting
- Rectal pressure



Assessment & Diagnosis



- History collection
- Physical examination:
 - pelvic exam to check for pain, tenderness, or a mass.
- hCG (human chorionic gonadotrophin) level.
 - the level of hCG double in early normal pregnancy every 3 days but are reduced in abnormal or ectopic pregnancy.



Cont



- Serum progesterone level.
level less than 5mg/ml are considered abnormal; levels greater than 25mg/ml are associated with a normally developing pregnancy.
- Transvaginal ultrasonography
- laparoscopy



MANAGEMENT



- Antishock treatment:
- Iv line made patient, crystalloid is started
- Blood sample for Hb, blood grouping & cross matching
- Folley's catheterization done
- Colloids for volume replacement.



Cont..



Laparotomy:

- rapid exploration of abdominal cavity is done
- salpingectomy is the definitive surgery
- blood transfusion to be given
- autotransfusion only when donated blood not available.



Cont



- Laparoscopy: . . .
 - preferred method if haemodynamically stable
 - tubal patency no significant difference
 - followed by similar number of uterine pregnancy
 - shorter operative time



Pharmacological management

- Methotrexate

It is a type of medicine that interferes with DNA synthesis and stops cells from dividing or multiplying. It can be used as a way to treat a early, small, unruptured ectopic pregnancy.





CONSERVATIVE SURGERIES

- Linear salpingostomy
- Linear salpingotomy
- Segmental resection & anastomosis



COMPLICATION

- Rupture with internal bleeding
- Hypovolemic shock
- death

THANK YOU