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### RESEARCH ARTICLE

#### “A RETROSPECTIVE STUDY OF RISK FACTORS, CLINICAL PRESENTATION, OUTCOME OF ECTOPIC PREGNANCY”

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Ectopic Pregnancy, Amenorrhea, Fertility

#### Abstract

**Introduction:** Ectopic pregnancy refers to a pregnancy where the fertilized egg implants outside the uterus, in a location unsuitable for its growth and development. The significance of ectopic pregnancy has increased due to its rising incidence and its impact on female fertility. It continues to be a major challenge in modern gynecology and is a significant cause of morbidity and mortality among women.

**Methodology:** This study is a retrospective analysis of 40 cases of ectopic pregnancy conducted in the Department of Obstetrics and Gynecology at Basaveshwara Teaching and General Hospital, Kalaburagi, over a two-year period. The study examined detailed patient histories to identify risk factors, clinical presentations, and outcomes.

**Results:** Out of 3600 confirmed pregnancies during the study period, 40 were ectopic, resulting in an incidence rate of 70% and 30% in the age group of 21-30 years and 31-40 years respectively. Identifiable risk factors were present in 58% of cases, with 26% having a history of pelvic inflammatory disease, 13.3% with infertility, 15% with a history of abortion, 23% with tubectomy, 3% were smokers, and 46% had a previous cesarean section. Among the patients, 16% were primigravida, 83% were multigravida, and 100% presented with amenorrhea. Additionally, 80% reported abdominal pain, 70% experienced vaginal bleeding, 16% had fainting or syncopal episodes, 56% showed signs of pallor, and 5% were in shock. Conservative treatment was administered to 5% of patients, while 95% underwent exploratory laparotomy, and 90% required blood transfusions.

**Conclusion:** Early diagnosis of ectopic pregnancy is crucial and necessitates a high degree of clinical suspicion, particularly in cases presenting with amenorrhea, abdominal pain, and vaginal bleeding. The importance of timely diagnosis lies in the potential to offer conservative management, which can positively impact the patient's future fertility.

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**Introduction:-**

Ectopic pregnancy is one in which the fertilized ovum is implanted and develops outside the normal endometrial cavity.<sup>1</sup> Ectopic pregnancy is assuming greater importance because of its increasing incidence and its impact on women fertility.<sup>2,3</sup> The most common site of ectopic pregnancy is the fallopian tube, Sometimes, an ectopic pregnancy occurs in other areas of the body, such as the ovary, abdominal cavity, cervix.

Risk Factors for Ectopic Pregnancy are age of more than 35 years, cigarette smoking, documented fallopian tube pathology, history of Infertility, pelvic inflammatory disease, pregnancy while an intrauterine device is in place, pelvic surgery, previous ectopic pregnancy, previous fallopian tube surgery and in vitro fertilization.<sup>4</sup>

Ectopic pregnancy is diagnosed clinically when associated amenorrhea, vaginal bleeding, or lower abdominal pain.<sup>5</sup>

Diagnosis of ectopic pregnancy by serum Beta-human chorionic gonadotrophin (Beta-hCG) levels in correlation with transvaginal ultrasound (TVUS) or transabdominal ultrasound (TAUS) findings.<sup>6</sup>

Ectopic pregnancy can be managed with conservative, medical or surgical treatment according to general condition of women and it depends on EP location, pregnancy timeline, and gestational sac size.<sup>7</sup>

**Aims And Objectives:-**

1.To study the risk factors,clinical presentation,outcome of ectopic pregnancy.

**Material And Methods:-**

- Study setting: Basaveshwara Teaching and General Hospital, Attached Mahadevappa Rampure Medical College, Kalaburagi.
- Study design: Retrospective study.
- Sample size: 40.
- Sampling procedure: Subjects will be selected after applying inclusion and exclusion criteria. Information will be collected through prepared pro-forma. Written and informed Consent of each patient taken. Institutional ethical clearance had been obtained.
- Study duration: July 27, 2022–January 27, 2024.
- Statistical analysis: Data will be analyzed using IBM SPSS software 20.0 version. If P value is <0.05 it is considered significant.Results will be depicted in the form of tables and graphs.
- A detailed history of women presenting with amenorrhoea, pain abdomen, pv bleeding, syncope in the labour room are admitted , detailed history taken to identify the risk factors associated with it, UPT, Serum beta-hcg, Ultrasonography is done to diagnose the ectopic pregnancy and based on the general condition of the patient expectant management, medical management, surgical management is done.

**Results:-**

During the study period of two years, there were a total of 3600 deliveries in our hospital and 40 cases of ectopic pregnancies were diagnosed giving the incidence of 1.1%.

**Discussion:-**

A total of 3600 pregnancies were confirmed during the study period, out of which 30 cases were diagnosed as ectopic pregnancies giving an incidence of 0.6%.The present study is correlating with the study done by Musa, et al (1.74%).

Majority of women (70%) in our study group belonged to the age group of 21-30 years, which is close to the studies done by Samiya Mufti et al (75.4%), Panchal D et al (71.66%) .

In the present study group, majority of women with ectopic pregnancy were multigravidae (83%). This correlates with the studies done by Shraddha Shetty K et al (83.9%).Panchal D et al (81.66%) and Poonam et al (83.6%).

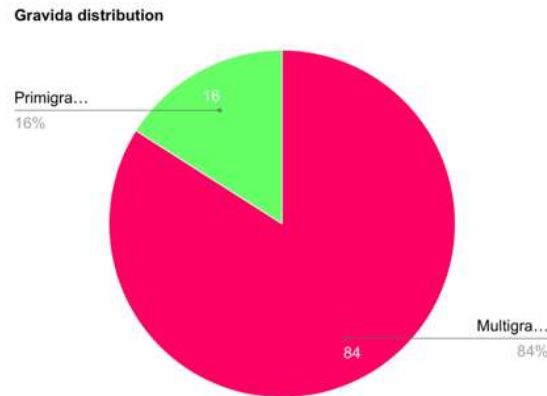
In the present study group, history of PID was present in 26% of the cases with ectopic pregnancy. This is correlating with the study done by Bhavna, et al. 22.7% of the cases with ectopic pregnancy. Endosalpingitis damages the mucosa and may entrap the migrating embryo, leading to ectopic implantation. Exosalpingitis give rise to peritubal adhesions, impairing peristaltic movements, giving rise to inadequate transportation.<sup>8</sup>

In the present study group, 15% of patients had history of previous abortion which is close to the study done by Khaleeqe F, et al. (12.9%).

In our study group, 13.3% of the women with ectopic pregnancy were infertile which is correlating with the studies done by Panchal D, et al (11.66%) and Samiya Mufti, et al. (8.77%).

In our study group, 23% of the women with ectopic pregnancy had tubal sterilization which correlates with the studies done by Uzma Shabab, et al. (20%) and Shrestha, et al. (18%).

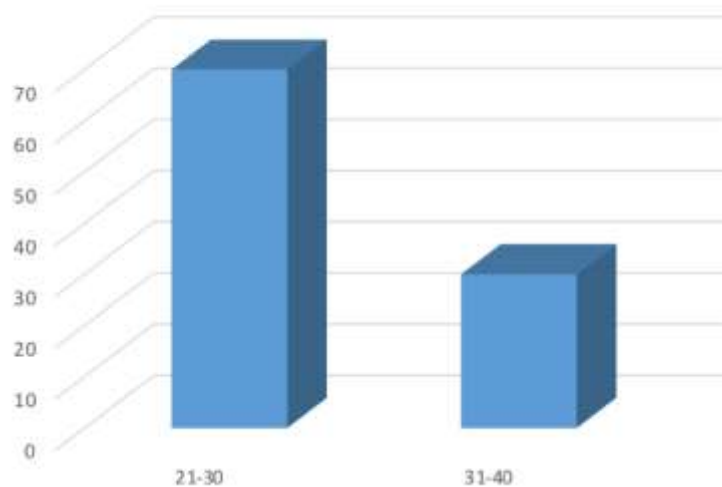
**Gravida distribution:**



**Age distribution:**

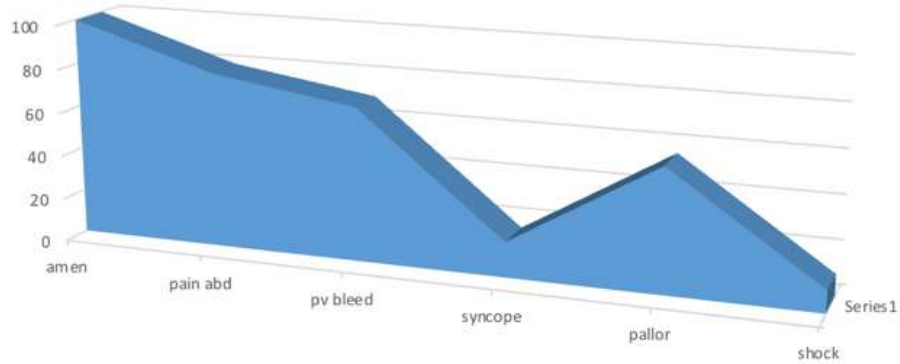
AGE	
20-30yrs	70%
31-40yrs	30%

Chart Title



**Clinical presentation:**

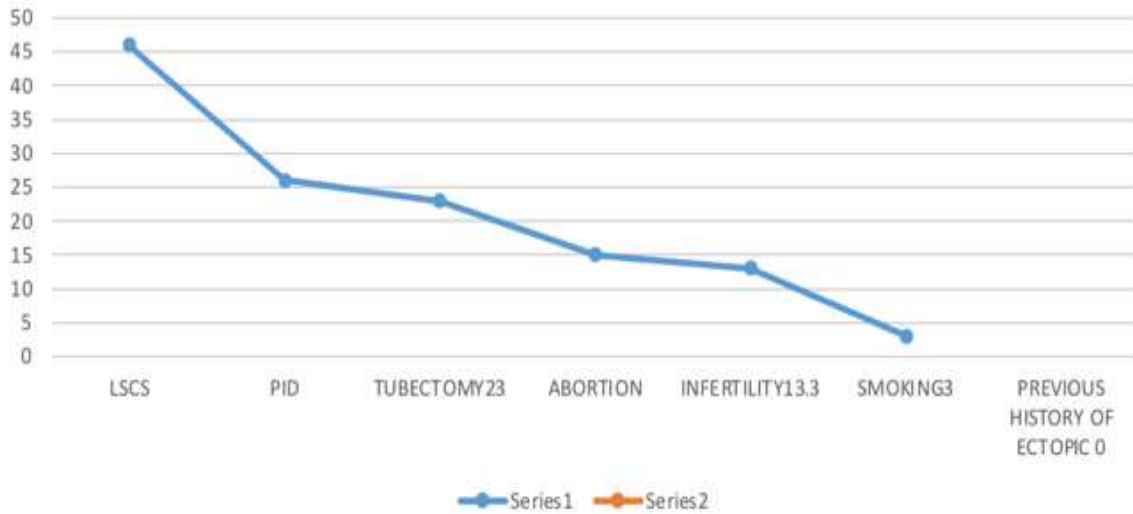
Chart Title



CLINICAL PRESENTATION	
Amenorrhoea	100%
Pv bleeding	70%
Pain abdomen	80%
Fainting and syncopal attacks	16%
pallor	56%
shock	10%

**Risk factors:**

Chart Title

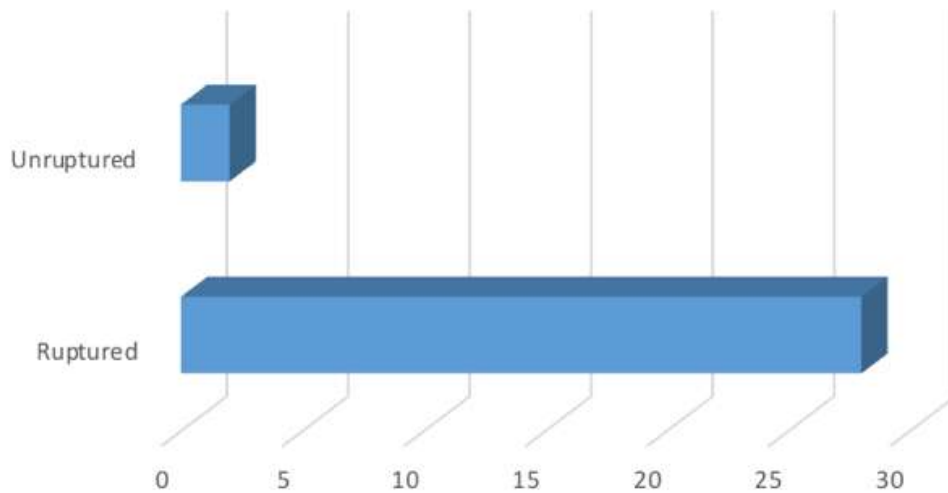


Abortion	15%
Ifertility	13.3%
Previous history of tubectomy	23%
Abortion	15%
PID	26%
Smoking	3%
Previous LSCS	46%
Previuos Ectopic Pregnancy	0

**Presentation:**

PRESENTATION	
RUPTURED ECTOPIC	38
UNRUPTURED ECTOPIC	2

Chart Title



**Mode of management:**

MANAGEMENT	
Medical	5%
Surgical	95%
Blood Transfusion	90%

**Source Of Funding:**

None.

**Conflict Of Interest:**

All the authors that have been listed above declared that they have no conflict of interest.

**Conclusion:-**

- The rise in the incidence of ectopic pregnancy is going in parallel with the rise in the incidence of risk factors like sexually transmitted infections, increased tubal sterilization and reversal, delayed child bearing, assisted reproductive technology, increased awareness and improvements in diagnostic techniques available.
- Increasing awareness among sexually active women and men regarding safe sexual practices and contraception decrease abortions and reduces the risk of ectopic pregnancy.
- All high risk women should be screened at the earliest with serum beta-hcg and transvaginal sonography. The impact on future fertility can be improved by focusing on primary prevention and early diagnosis before rupture.

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