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Survey of Ectopic pregnancy in the last 5 years in
Al Kasr Al Aini Hospital

Thesis

Submitted for fulfillment of Master degree in
Obstetrics and Gynaecology

BY

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قال تعالى:

﴿ قالوا سبحانك لا علم لنا إلا ما علمتنا
إنك أنت العليم الحكيم ﴾

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Abstract

This is a retrospective statistical study of 438 cases of ectopic pregnancy that were managed in Al kasr Al Aini Hospital from 2004 till 2008 we searched for aetiological factors, clinical presentations , investigation done to the patients and treatment, the results showed increasing incidence in the last 5 years which may be contributed to improved diagnostic techniques.

Key Words:

Ectopic pregnancy

Survuy

Treatment

Aetiological factors

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List of abbreviations

<i>Abbreviation</i>	<i>Full title</i>
<i>TVS/TVUS</i>	<i>Transvaginal ultrasonography</i>
<i>TAS</i>	<i>Transabdominal ultrasonography</i>
<i>PCO</i>	<i>Polycystic ovaries</i>
<i>Beta-HCG</i>	<i>Beta-Human chorionic gonadotropine</i>
<i>LMP</i>	<i>Last menstrual period</i>
<i>EDD</i>	<i>Expected delivery date</i>
<i>D&C</i>	<i>Dilatation and curettage</i>
<i>IUD/IUCD</i>	<i>Intrauterine device</i>
<i>IVF</i>	<i>Invitro-fertilization</i>
<i>ICSI</i>	<i>Intracytoplasmic sperm infiltration</i>
<i>BPD</i>	<i>Biparietal diameter</i>
<i>FL</i>	<i>Femur length</i>
<i>CRL</i>	<i>Crown rump length</i>
<i>TFI</i>	<i>Tubal factor infertility</i>
<i>EP</i>	<i>Ectopic pregnancy</i>
<i>EUP</i>	<i>Early uterine pregnancy</i>
<i>MTX</i>	<i>Methotrexate</i>
<i>UPT</i>	<i>Urine pregnancy test</i>

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Introduction

First descriptions of Ectopic pregnancy in England back to 1731 when Gifford described implantation of a pregnancy outside the uterine cavity. Charles Meiges provided particularly vivid descriptions of severe cases of ectopic pregnancy in the mid-nineteenth century, when ectopic pregnancy was considered to be rare, but universally fatal condition. With improvements in surgical techniques at the turn of the twentieth century ectopic pregnancy became curable (Clausen, 2006).

However, it was still considered a very serious problem with high mortality rates. This perception has changed only recently with the increased ability to establish the diagnosis of ectopic pregnancy non-invasively in women with minimal clinical symptoms. Although there has been a massive increase in the incidence of ectopic pregnancy in recent years, the mortality of the disease has been static (DiSaia and Creasman, 2002).

Ectopic pregnancy is still the major cause of maternal mortality in the first trimester of pregnancy and accounts for approximately 10% of maternal deaths (Fleischer et al., 1990).

Over the past 30 years the incidence of ectopic pregnancy has dramatically increased in most industrial countries (Fylstra and Donald, 1998).

The aetiology of ectopic pregnancy remains enigmatic. In contrast to intrauterine implantation there is no suitable animal model for the study of ectopic implantation and extrapolation of data (Gray et al., 1995).

A number of factors have been identified, which increase individual risk of ectopic implantation. An association between increased maternal age and ectopic pregnancy has been well documented in the past. The incidence of ectopic pregnancy is three times higher in women aged 35-44 in comparison to those in age group 15-24. In recent years the age at first conception has increased, which may have contributed to the increased incidence (Henderson, 1984).

There is an association between number of previous induced abortions and ectopic pregnancy (odds ratio 1.4 for one previous induced abortion and 1.9 for two or more) (Kahn et al., 2007).