

IMPORTANCE OF ULTRASOUND DIAGNOSTICS IN ECTOPIC PREGNANCY

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ANNOTATION

Ectopic pregnancy is a diagnosis that is quite challenging to make. It has been estimated that 40% of ectopic pregnancies go undiagnosed on initial presentation. Ectopic pregnancy is also a very difficult condition to identify based on history and physical, with both the history and physical examination features being neither sensitive nor specific for the diagnosis. Data suggests that even experienced gynecologists are unable to detect more than half of the masses created by ectopic pregnancy on physical exam. Due to these nature of the condition, laboratory data and diagnostic imaging are essential components of diagnosing ectopic pregnancy. Ultrasonography is the diagnostic imaging study of choice for ectopic pregnancy. Even if an ectopic pregnancy cannot be visualized on ultrasound, diagnosing an intrauterine pregnancy greatly reduces the risk of an ectopic pregnancy being present. This activity reviews ectopic pregnancy and highlights the role of the interprofessional team in evaluating and treating patients with this condition.

Keywords: Ectopic pregnancy, Laparotomy, Laparoscopy, Ultrasonography, Abdominal, external ultrasound, syndrome, symptoms, diagnosis, gynaechologic causes, Radiology, Abdominal pain, acute abdomen, point-of-care ultrasound, primary care.

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being neither sensitive nor specific for the diagnosis. Data suggests that even experienced gynecologists are unable to detect more than half of the masses created by ectopic pregnancy on physical exam. Due to these natures of the condition, laboratory data and diagnostic imaging are essential components of diagnosing ectopic pregnancy. Ultrasonography is the diagnostic imaging study of choice for ectopic pregnancy. Even if an ectopic pregnancy cannot be visualized on ultrasound, diagnosing an intrauterine pregnancy greatly reduces the risk of an ectopic pregnancy being present. Two ultrasonographical approaches exist for evaluation of ectopic pregnancy. The first is the less invasive transabdominal ultrasound, and the second is the more invasive but more diagnostic endovaginal ultrasonography. One hundred patients with provisional diagnosis of ectopic pregnancy were studied. Physical examination, urine pregnancy test, transabdominal scan using 5 MHz transducer or transvaginal ultrasonography of 7 MHz was done. The diagnosis of ectopic pregnancy was confirmed by direct observation by laparotomy or laparoscopy (which was taken as gold standard). The study showed ectopic pregnancy was most common in gravida 2 and in age group 26–30 years with most of them having married life <10 years. One or more risk factors were found in 66 % of cases. 54 % of cases presented with acute symptoms, 14 % of cases in shock. Among clinical presentation pain abdomen, history of amenorrhea, bleeding per vaginum, abdominal tenderness, and cervical motion tenderness was most common. In ultrasonography, complex mass in adnexa was present in 60 % of cases and hemoperitoneum in 50 %. 96 % of cases were tubal pregnancy with most of them tubal rupture. In 98 % of cases, radical surgery was done. Salpingectomy was the most common surgery done (90 %). There was no negative laparotomy in this study. There was no maternal mortality in this series. implantation of the blastocyst outside the endometrial lining of uterus is called as “Ectopic Pregnancy.” The incidence varies from 1 in 300 to 1 in 150 deliveries. Although overall incidence of ectopic pregnancy has increased, the risk of death from ectopic pregnancy has declined by 90 %.

Ectopic pregnancy is often proclaimed as “the great masquerader,” as the diagnosis is complicated by a wide spectrum of clinical presentation varying from asymptomatic cases to hemoperitoneum and shock. The classical triad of amenorrhoea, abdominal pain, and vaginal bleeding is seen in only 50 % of patients with ectopic pregnancy. A more common complication is the poor reproductive



potential after an ectopic pregnancy. Physicians should maintain a high index of suspicion for ectopic pregnancy and should be cognizant of the importance of early diagnosis and early intervention. Hence, early diagnosis and treatment decrease both morbidity and mortality related to ectopic pregnancy.

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