

Ectopic Pregnancy

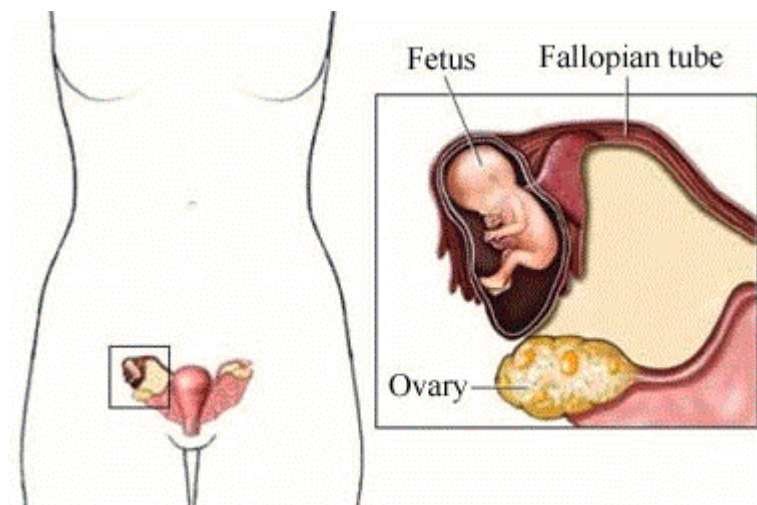
(Tubal Pregnancy)

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Definition

An ectopic pregnancy is a pregnancy that grows in a location other than the lining of the uterus. Most ectopic pregnancies (95%) occur within a fallopian tube. Rare locations include on the cervix, in the abdomen, or on an ovary. An ectopic pregnancy cannot survive because only the uterus can support the growth of a fetus. If an ectopic pregnancy bursts a fallopian tube, it is a medical emergency that threatens the life of the mother. . Ectopic pregnancies occur with a frequency of 1 in 100-200 diagnosed pregnancies.

Ectopic Pregnancy



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Causes

Most ectopic pregnancies occur because the fallopian tube is not functioning normally.

Risk Factors

A risk factor is something that increases your chance of getting a disease or condition.

- Race: Non-white
- Age: 35 or older
- History of pelvic inflammatory disease
- Previous ectopic pregnancies
- Endometriosis
- Prior surgery on your fallopian tubes or uterus
- Smoking
- Fertility treatments
- Abnormally shaped uterus and/or fallopian tubes
- Diethylstilbestrol (DES) exposure in utero
- Presence of an IUD
- Pregnancy that occurs after a sterilization procedure (tubal ligation)

Symptoms

Symptoms include:

- Missed menstrual period
- Abdominal pain
- Spotty vaginal bleeding
- Pain in the shoulder
- Fainting

Diagnosis

The doctor will ask about your symptoms and medical history, and perform a physical exam.

Tests may include:

Urine Pregnancy Test – to verify pregnancy

Pelvic Exam – to check for tenderness and size of the uterus

Blood Tests – to see if the pregnancy is developing normally

Culdocentesis – a needle inserted through the vagina and behind the uterus to check for any blood gathering there

Ultrasound – to check the uterus and fallopian tubes for the presence of a pregnancy

Laparoscopy – a thin, lighted tube inserted through a small incision in the abdomen to look for an ectopic pregnancy

Treatment

Treatment includes:

Medication

If diagnosed while the ectopic pregnancy is still small and has not ruptured, methotrexate can be given to some patients to prevent further growth and avoid surgery.

Surgery

Emergency surgery is needed if:

- The ectopic pregnancy is judged to be too large for medical treatment or if the patient has other conditions which would prevent the use of methotrexate, such as a history of kidney or liver disease.
- The fallopian tube has burst

This surgery can be done through a laparoscope or an open abdominal incision. During the surgery, the pregnancy will be removed. If possible, the doctor will repair your fallopian tube. In some severe cases, the fallopian tube may need to be completely removed.

Prevention

To reduce your risk of ectopic pregnancy:

- Maintain safe sexual practices to help avoid sexually transmitted diseases (STD).

- Get early diagnosis and treatment of STDs.

Prognosis

About 85% of the women who have experienced one ectopic pregnancy are later able to achieve a normal pregnancy. A subsequent ectopic pregnancy may occur in 10 to 20% of cases.

Infertility occurs in 10 to 15% of women who have experienced an ectopic pregnancy.

The maternal death rate from ectopic pregnancy in the U.S. has decreased in the last 30 years to less than 0.1%.

RESOURCES:

American Academy of Family Physicians
<http://www.aafp.org>

American College of Obstetricians and Gynecologists
<http://www.acog.org>

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