INTRODUCTION:
Ectopic pregnancy (EP) is defined as implantation of a fertilized ovum in a site other than the uterine endometrium. The incidence of ectopic pregnancy ranges between 0.25% and 1.5% of all pregnancies and has been increasing during the last few decades worldwide.\textsuperscript{1} In Pakistan, the reported frequency in different series is 1 in 112 to 1 in 130 pregnancies but actual figures are not known.\textsuperscript{2} Most common site of ectopic pregnancy is fallopian tube (91.8%). The ampullary region of fallopian tube was involved in 73.2% cases. Laparotomy was the main surgical procedure performed. Salpingectomy was done in 87% and salpingo-oophorectomy in 9.5% cases.

Classical signs and symptoms of ectopic pregnancy are abdominal pain and vaginal bleeding but fewer than 50% have both these symptoms. Ruptured ectopic pregnancy presents as sharp, dull or crampy pain spreading to the shoulder. In acute cases patient presents with tachycardia, syncope or shock. The fetus usually never survives except if it embeds in abdomen and end up as abdominal pregnancy.\textsuperscript{1,3}

Number of risk factors have been identified that cause EP. Risk factors include pelvic inflammatory disease, infertility, use of intrauterine device, previous exposure to DES, smoking, tubal ligation, tuboplasty, use of assisted reproduction techniques, previous history of EP, endometriosis, Asherman syndrome, tuberculosis and low socioeconomic class. However, in half of the patients, no risk factors can be identified.\textsuperscript{1,3}

A ruptured ectopic pregnancy is a life threatening emergency and the leading cause of death in first...
trimester of pregnancy. The risk of death in developed countries is 0.1 to 0.3% while in developing world it is 1 to 3%. Due to early diagnosis by quantitative beta hCG measurements and transvaginal ultrasonography, the frequency of rupture ectopic pregnancy has declined in developed countries but these modalities are not freely available, therefore ruptured ectopic pregnancies are still causing morbidity and mortality in developing countries. Booking antenatal visit not only helps in early diagnosis but allows more conservative medical management and laparoscopic treatment, but in Pakistan gynecologists are still challenged by late presentation and rupture in most cases. The purpose of this review was to contribute to literature experience of management of EP from an underdeveloped province of Pakistan.

METHODOLOGY:
This was a retrospective study of ectopic pregnancies managed at Bolan Medical Complex Hospital Quetta Gynaecology unit –IV, from January 2013 to December 2017. Clinical records of patients, site of ectopic pregnancy and management modalities were obtained from labor ward and operation theater registers. All the surgeries were open laparotomy under general anesthesia. Results were presented in numbers and percentage.

RESULTS:
There were 168 cases of ectopic pregnancy managed during the study period. Total number of deliveries conducted during the same years was 38,368, giving a frequency of ectopic pregnancy as 0.43% or 1 in 228 deliveries. Forty-two (25%) patients were nullipara, 36 ( 21%) para one (table I). Most common site of ectopic pregnancy was fallopian tube (91.8 %), in which 73.2% were in ampullary segment, 8.3% in corneal or interstitial segment, 5.3% in isthmic region and 5% at fimbrial region. Thirteen (7.7%) case were ovarian and only one patient had abdominal EP which was diagnosed at 16 weeks of gestational age (table II). There were 45% ectopic pregnancies in left side and 55 % in right side tube. In our study, salpingectomy was done in 146 (87%) patients and salpingo-oophorectomy in 16 (9.5%). This is given table III.

<table>
<thead>
<tr>
<th>Parity</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>P0</td>
<td>42</td>
<td>25%</td>
</tr>
<tr>
<td>P1</td>
<td>36</td>
<td>21%</td>
</tr>
<tr>
<td>P2</td>
<td>28</td>
<td>17%</td>
</tr>
<tr>
<td>&gt;P3</td>
<td>62</td>
<td>37%</td>
</tr>
</tbody>
</table>

No patient was treated conservatively or medically as most of the patients came with acute presentation. There were 81% acute ruptured ectopic and 19% old or chronic ruptured ectopics presented with a mass in abdomen and constant pain in lower abdomen.

<table>
<thead>
<tr>
<th>Site</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Fallopian tube Ampullary segment</td>
<td>123</td>
<td>73.2%</td>
</tr>
<tr>
<td>Interstitial segment</td>
<td>14</td>
<td>8.2%</td>
</tr>
<tr>
<td>Isthemic segment</td>
<td>09</td>
<td>5.3%</td>
</tr>
<tr>
<td>Fimbrial end</td>
<td>08</td>
<td>5%</td>
</tr>
<tr>
<td>Ovarian</td>
<td>13</td>
<td>7.7%</td>
</tr>
<tr>
<td>Abdominal</td>
<td>1</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surgical Procedure</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salpingectomy</td>
<td>146</td>
<td>87%</td>
</tr>
<tr>
<td>Salpingo-oophorectomy</td>
<td>16</td>
<td>9.5%</td>
</tr>
<tr>
<td>Partial oophorectomy</td>
<td>06</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

DISCUSSION:
Ectopic pregnancy is a major cause of maternal morbidity and mortality. The frequency of ectopic pregnancy is 0.44% in our study which is comparable to the studies in which the frequency of EP was 0.6% and 0.58% respectively. The rate of EP is increasing during the last few decades throughout the world because of earlier diagnosis of cases by hormonal tests, transvaginal ultrasound and laparoscopy and also due to the advent of assisted reproduction techniques. Higher incidence from 1.9% to 2.4% has been found in some studies.

Age was once considered a risk factor for EP but it’s actually a confounder to risk factors that are acquired over years. In our study 75% of patients were multipara which is comparable with other study in which 75.3% of patients were multipara. Due to lack of proper antenatal care in our study, patients presented late and almost all of them had ruptured EP when reached hospital. Out of this 19% were old or chronic rupture. In one study there were 71.76% cases of ruptured ectopic pregnancy of which 8.62% were chronic ectopic.

Laparotomy was the main surgical procedure performed in all the patients. Salpingectomy was done in 87% cases which is comparable with other studies. Salpingotomy is also an option to save the tube if EP is diagnosed early before rupture.
Gharoro et al in their study also performed laparotomy in all patients. In 54.6% patients right salpingectomy and in 34.9% left salpingectomy was performed which is comparable with our study.\textsuperscript{13} Right sided EP occurs more commonly compared to left, and it is being attributed to the anatomy of right and left ovarian veins. The commonest site of ectopic pregnancy in our study was fallopian tube (91.8%) and ampulla (73.2%). These figures are same as reported in other studies.\textsuperscript{14}

A number of treatment options have been defined to treat EP depending on its presentation. Expectant management is opted in patients with no or mild symptoms and with pregnancy of unknown location. Such pregnancies are expected to resolve spontaneously. Injection methotrexate is also an option to stop EP from growing in case expectant treatment poses a risk. Tube conservation with laparoscopic salpingotomy is another option in cases of unruptured ectopic pregnancy.\textsuperscript{15}

**CONCLUSIONS:**
EP is a life threatening emergency if not diagnosed in time and managed vigilantly. Antenatal visit in first trimester is crucial for the diagnosis with transvaginal ultrasound scan and serial beta HCG measurement. It may not be a preventable pregnancy but early diagnosis does prevent patient from risks of anesthesia, surgery, blood transfusion, future subfertility due to loss of tube and mortality. Patients with identifiable risk factors should be made cautious to make early visit in case of pregnancy.

**REFERENCES:**

Management of Ectopic Pregnancy

Received for publication: 21-12-2018
Accepted after revision: 20-02-2019

Author’s Contributions:
Safia Bibi: Conception, design and data collection.
Khanda Gul: Conception, manuscript writing and final approval.
Fauzia Muhammad Bukhsh: Drafting and data collection.

Conflict of Interest:
The authors declare that they have no conflict of interest.

Source of Funding:
None

How to cite this article: