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## Ectopic Pregnancy: A Case Study.

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### ABSTRACT

Ectopic Pregnancy is a life threatening condition. The incidence of Ectopic Pregnancies is increasing, which may be related to better diagnostic tools as well as the increased use of assisted reproductive technologies. The signs and symptoms of ectopic pregnancy can be similar to other complications of early pregnancy such as miscarriage. Diagnosis often requires several human chorionic gonadotropin levels along with ultrasound and in some cases, dilatation and curettage. Once a diagnosis has been made, advances in surgical and medical therapy for ectopic pregnancy have allowed the proliferation of minimally invasive or non invasive treatment.

**Keywords:** Ectopic pregnancy, fallopian tube, tubal ectopic pregnancy, Chlamydia trachomatis, embryo implantation, salphingectomy.

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**INTRODUCTION**

Ectopic pregnancy still contributes significantly to the cause of maternal morbidity. While there has been about four fold increase in incidence over the couple of decades but the mortality has been slashed down by 80%. Recognition of high risk cases, early diagnosis with the use of TVS, serum beta hCG and laparoscopy have significantly improved the management of ectopic pregnancy.

**CASE STUDY OF MRS.X**

Mrs. X 25yrs old pregnant mother with history of vaginal bleeding, lower abdominal and shoulder pain, nausea and rebound tenderness. There was no family history of ectopic pregnancy, abortion, Ultra sonogram revealed that mother is having tubal pregnancy.

**ECTOPIC PREGNANCY [4-6]**

An ectopic pregnancy is one in which the fertilized ovum is implantation and develops outside the normal endometrial cavity.

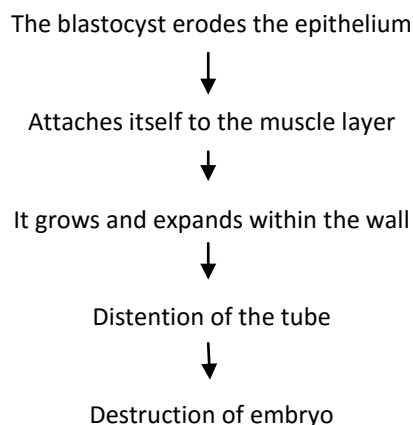
**INCIDENCE [4]**

About one percent of all pregnancies

**TYPE OF ECTOPIC PREGNANCY [4]**

BOOK PICTURE	PATIENT PICTURE
<b>Extra uterine</b> <ul style="list-style-type: none"> <li>• Tubal</li> <li>• Ovarian</li> <li>• Abdominal</li> </ul> <b>Uterine</b> <ul style="list-style-type: none"> <li>• Cervical</li> <li>• Angular</li> <li>• Cornual</li> <li>• Casarean scar</li> </ul>	Mrs. X was diagnosed as Primi with tubal pregnancy

**PATHOPHYSIOLOGY OF TUBAL PREGNANCY**



**CAUSES**

BOOK PICTURE	PATIENT PICTURE
Congenital abnormalities of the tube such as <ul style="list-style-type: none"> <li>• Hypoplasia</li> <li>• Tubal diverticulum</li> </ul> Previous infection such as <ul style="list-style-type: none"> <li>• Post abortal sepsis</li> <li>• Puerperal sepsis</li> <li>• Gonorrhoea</li> <li>• tuberculosis</li> </ul>	Not clear with the causes of the disease condition

**CLINICAL MANIFESTATION [1]**

BOOK PICTURE	PATIENT PICTURE
<ul style="list-style-type: none"> <li>• History of vaginal bleeding</li> <li>• Acute lower abdominal pain</li> <li>• Dizziness</li> <li>• Nausea and vomiting</li> <li>• Shoulder pain</li> <li>• Severe pallor, rapid and thread pulse</li> <li>• Tachypnea</li> <li>• Low blood pressure</li> <li>• Lower abdominal tenderness</li> <li>• Rebound tenderness</li> <li>• Pelvic tenderness on transverse cervical movements</li> </ul>	vaginal bleeding present lower abdominal pain present -- Nausea present Patient is having shoulder pain -- -- -- Presence of lower abdominal pain and rebound tenderness --

**DIAGNOSTIC EVALUATION [3]**

BOOK PICTURE	PATIENT PICTURE
<ul style="list-style-type: none"> <li>▪ Ultrasonography</li> <li>▪ Urine test for B- HCG.</li> <li>▪ Hb% blood grouping &amp; cross matching</li> <li>▪ Vaginal colour Doppler</li> <li>▪ laproscopy</li> </ul>	Ultrasonography was done

**OUTCOME OF TUBAL PREGNANCY [5]**

BOOK PICTURE	PATIENT PICTURE
<ul style="list-style-type: none"> <li>• Tubal abortion</li> <li>• Tubal mole</li> <li>• Tubal rupture</li> <li>• Pelvic haematocele</li> <li>• Secondary abdominal ectopic pregnancy.</li> </ul>	Uterine tube has been ruptured

**MANAGEMENT [2]**

BOOK PICTURE	PATIENT PICTURE
<ul style="list-style-type: none"> <li>• The patient is vesiculated if she prevents with an acute rupture.</li> <li>• An exploratory laprotomy is carried out under general anesthesia</li> <li>• The ruptured tube is removed by salphingotomy or salphingectomy may be done.</li> <li>• If the tubal pregnancy is in the process of tubal abortion, the process is completed by suction of the ectopic pregnancy.</li> <li>• As with any loss during pregnancy the client will need to give and the midwife must offer needed psychological support</li> </ul>	<p>My patient has undergone emergency laprotomy Right partial salphingectomy was done to my patient.</p> <p>Psychological support given to my patient, she felt comfort.</p>

**SUMMARY**

Mrs. X was co-operate with health personnel. My patient has undergone emergency laprotomy and right partial salphingectomy was done .Psychological supports given to the patients. Now patient is normal.

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