

Clinical Presentation of An Pid –Turned Out to Be Ectopic Pregnancy

*¹Dr.B.Saranya, ²Dr.K.Saraswathi

¹(3rd Yr Obg Pg|) ²(Hod Of Obg Department)

Corresponding Author: *Dr.B.Saranya

Date of Submission: 03 -10-2017

Date of acceptance: 28-10-2017

Ectopic pregnancy, also known as eccyesis or tubal pregnancy, is a complication of pregnancy in which the embryo attaches outside the uterus (the cervix, ovaries, or within the abdomen). Clinical trial of ectopic pregnancy is abdominal pain, vaginal bleeding and a period of amenorrhoea. Detection of ectopic pregnancy is typically by blood tests for human chorionic gonadotropin (hCG) and ultrasound. A success in the management of ectopic pregnancy lies in the prompt diagnosis and proper management. Some ectopic pregnancy may present without a period of amenorrhoea, which warrants high index of suspicion. Here, we report a case of 27 year old patient with a case of ruptured ectopic pregnancy presented with abdominal pain and spotting PV without a period of amenorrhoea. Her ultrasound was suggestive of pelvic inflammatory disease, Beta HCG - 6725mIu/ml and UPT is negative. Patient was taken up for diagnostic laparoscopy & proceeded with left salpingectomy



I. Introduction

Ectopic Pregnancy IS a emergency condition which should be handled immediately.The explosive body must be removed from the abdomen as soon as medical treatment fails. In my case patient presented the clinical features of pid but latter turned out to be ectopic pregnancy with emergency management.Ectopic pregnancy derived from greekword extopds meaning out of Place.Ectopic pregnancy is a complication of pregnancy in which the embryo attaches outside the uterus.An ectopic pregnancy occurs in 1 out of 50 pregnancy.Incidence USA-5fold ,UK -2 FOLD,FRANCE-15/1000Pregnancy ,INDIA -1 in100 Pregnancy.Recurrance rate 15% after 1st and 25% after 2nd.In my case diagnosis was made totally by laparotomy .

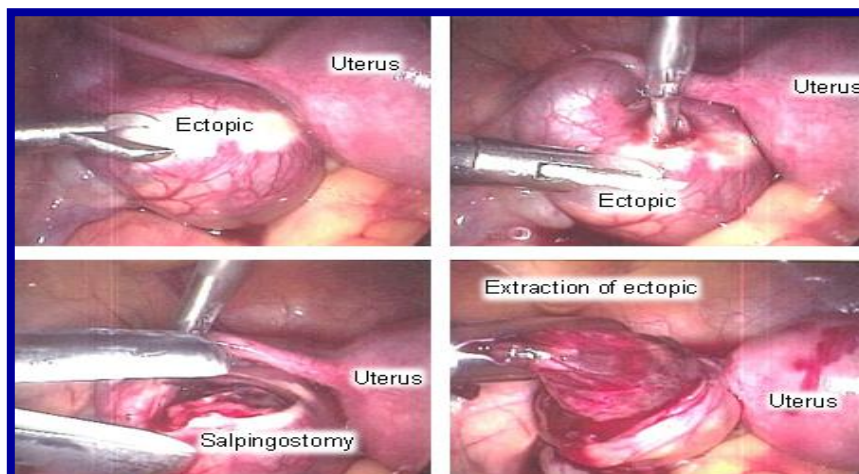
II. Case Report

27 Yrs old X ,married 1 ½ yrs ,Presented to SBMCH OP with complaints of lower abdominal pain which settled after analgesics and c/o spotting p/v since Day 7 of the cycle and c/o fever for 10 days.She had her regular cycle since her menarch .Her Past h/o ,Personal h/o ,family h/o nil significant.Pt was haemodynamically stable.Patient was anxious in pain, febrile and hydration fair,pallor + and no pedal oedema.Her CVS and RS was normal.Vitals-PR 68bpm and Bp-100/60mmhgP/A= soft,bs+,tenderness in right iliac fossa+,P/V=CERVIX pointing downwards,uterus retroverted,uterus normal size,all fornices tenderness +.

Provisional Diagnosis : ?ECTOPIC PREGNANCY / ?PID.

Investigations: Routine investigation was done.Her hemogram was normal,UPT-negative,BETA HCG-6072 miu/ml.Her scan revealed a Heterogenous lesion 5.6*3cm in left adenexa close to left ovary and a Ring lesion 2*2 cm with thick hyperechoic rim and peripheral vascularity.

Patient was taken up for Diagnostic Laparoscopy were left salpingectomy was done



Hpe Confirmed Ectopic Pregnancy

III. Discussion

-An ectopic pregnancy is a complication of pregnancy in which the pregnancy implants outside the uterine cavity. Usually ectopic pregnancies are not only viable but are also very dangerous for the mother as it is often followed by massive internal bleeding. Acute ectopic pregnancy classically presents as a short period of amenorrhea (5 to 8 weeks), UPT +, abdominal pain, intermittent scanty vaginal bleeding or spotting.

In chronic ectopic pregnancy, the patient would have recovered from a previous attack of acute pain and may present with amenorrhea, dull aching pain in the lower abdomen, vaginal bleeding, dysuria, frequency of micturition or retention of urine and rectal tenesmus.

IV. Conclusion



An ectopic pregnancy can be more harmful to a mother than a miscarriage. Women still die from ectopic pregnancy. However, the case fatality rate has decreased over recent years, suggesting that earlier diagnosis and treatment have made an impact. However, the majority of the risk factors have not been seen. Risk factors for ectopic pregnancy include tubal damage following surgery, infection, smoking, and in vitro fertilization. Ectopic pregnancy is a potentially life-threatening form of pregnancy; the patient should be carefully investigated, diagnosed, and managed at the right time so that the mother can be saved from a critical situation.

*Dr.B.Saranya. "Clinical Presentation of An Pid –Turned Out to Be Ectopic Pregnancy." IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 16, no. 10, 2017, pp. 12–13.