

CASE STUDY OF UNRUPTURED ECTOPIC PREGNANCY

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ABSTRACT

Ectopic pregnancy, also called extrauterine pregnancy, is when a fertilized egg grows outside a woman's uterus, somewhere else in their belly. It can cause life-threatening bleeding and needs medical care right away. In more than 90% of cases, the egg implants in a fallopian tube. This is called a tubal pregnancy.^[1] We present a case report of unruptured left tubal ectopic pregnancy.

KEYWORDS:- Tubal ectopic pregnancy, Methotrexate.

INTRODUCTION

Pregnancy begins with a fertilized egg. Normally, the fertilized egg attaches to the lining of the uterus. An ectopic pregnancy occurs when a fertilized egg implants and grows outside the main cavity of the

uterus.

An ectopic pregnancy most often occurs in a fallopian tube, which carries eggs from the ovaries to the uterus. This type of ectopic pregnancy is called a tubal pregnancy. Sometimes, an ectopic pregnancy occurs in other areas of the body, such as the ovary, abdominal cavity or the lower part of the uterus (cervix), which connects to the vagina.

An ectopic pregnancy can't proceed normally. The fertilized egg can't survive, and the growing tissue may cause life-threatening bleeding, if left untreated.^[2]

Ectopic pregnancy occurs at a rate of 19.7 cases per 1,000 pregnancies in North America and is a leading cause of maternal mortality in the first trimester.^[3]

Methotrexate treatment for ectopic pregnancy has a very good success rate (over 95 per cent) and, in small doses, is safe to use with few side effects. It also avoids the use of a general anaesthetic and the need for surgery. Methotrexate works by blocking the enzymes in the body that maintain the pregnancy. It stops the tissue from growing bigger and prevents it from rupturing (bursting). The pregnancy tissue is then gradually reabsorbed by the body.^[4]

Case report

A 22 years old female G₂ A₁ with 1 & ½ month amenorrhoea with U/S/O unruptured left ectopic pregnancy, referred from Nirmiti clinic. With C/O per vaginal spotting since 2 days, having H/O secondary infertility and patient was on treatment for the same since 4 months and ovulation study done twice in 4 month.

Then patient admitted in Sane guruji hospital, on per abdominal examination abdomen was soft, per vaginal examination shows, OS closed, uterus was approximately 6 weeks, tenderness at left fornices and minimal brownish discharged noted.

Patient was treated with-

Inj METHOTREXATE 50 mg IM stat

Ing TAXIM 1gm IV BD for 5 days

Ing PANTOPROZOLE 40mg IV OD for 5 days

BHCG Monitoring done

Patient discharged on 8th day in stable condition.

Investigation

	On admission	After discharge
Hb	11.4gm/dl	11gm/dl
TLC	6,930	5,670
Platelet	2,56,000	2,56,000
P.T.	13.2	-
INR	0.98	-
B.T.	1.15	-
C.T.	4.55	-

Blood group – AB Rh positive

HIV - Negative

HBsAg- Negative

VDRL – Negative

BHCG levels

Day	Bhcg
1	1418.66
3	1691.62
6	1282.03
13	648.47
After 15 days	1.55

USG Reports

On Admission

USG (TVS)

A well defined hypoechoic lesion measuring 22x14 mm in size is noted, in the interstitial part of left fallopian tube, it shows e/o gestational sac with yolk sac within it, no foetal pole.

Doppler- no obvious vascularity

ET- 10 mm

F/S/O Unruptured left interstitial ectopic pregnancy.

After 1 month

Abdominal USG screening

Uterus size is normal, endometrial echo normal

Heterogeneous avascular lesion of size 13x11mm is noted along left fallopian tube, at distal end. S/o residual lesion.

Right ovary looks normal.

DISCUSSION

An ectopic pregnancy must be ended as soon as possible. It can be ended with a medicine called methotrexate or through surgery. When an ectopic pregnancy is discovered early (during the first 6 weeks) in the pregnancy and certain hormone levels are low, your healthcare provider will probably recommend methotrexate.

Methotrexate works by stopping the growth of the fertilized egg before a rupture occurs. In this case, the medicine removes fetal cells.

CONCLUSIONS

Methotrexate treatment for ectopic pregnancy in small dose is safe to use with few side effects.

REFERENCES

1. <https://www.webmd.com/baby/pregnancy-ectopic-pregnancy#1>
2. <https://www.mayoclinic.org/diseases-conditions/ectopic-pregnancy/symptoms-causes/syc-20372088>
3. <https://www.aafp.org/afp/2000/0215/p1080.html>
4. https://www.imperial.nhs.uk/~/_media/website/patient-information-leaflets/gynaecology/early-pregnancy-and-acute-gynaecology-units/treating-ectopic-pregnancy-with-methotrexate.pdf