

Letters to the Editor

Ectopic Pregnancy

Sir,

Ectopic pregnancy is a medical emergency and is a cause of pregnancy related deaths. Its incidence is increasing and has risen from 4.9/1000 pregnancies in 1970 to 9.6/1000 pregnancies in 1992 in a report from the United Kingdom.¹ The reason for this increase has not been fully elucidated, but the possible contribution of pelvic inflammatory disease and intra-uterine contraceptive device use has been cited as contributing factors.² In a study from South East Asia it was reported 150 mothers were brought in dead to the hospital, at least 2 were due to ruptured ectopic pregnancy (1.3%).³ In order to decrease maternal mortality and morbidity due to ectopic pregnancy, there is a need for early diagnosis. The availability of sensitive β -human chorionic gonadotropin and high-resolution sonography has resulted in earlier diagnosis and has reduced mortality rate.⁴ There is very little literature regarding the rates of ectopic pregnancies in the Kingdom of Saudi Arabia (KSA). The aim of this study was to review the data of ectopic pregnancies during the last 4 years at King Abdul Aziz University Hospital (KAUH) Jeddah, KSA from January 1997 through to December 2000.

A retrospective analysis of case histories and pathology reports of patients admitted with ectopic pregnancy at KAUH, Jeddah, from 1st January 1997 through to 31st December 2000 were carried out. These patients were admitted through emergency or outpatient department. After thorough evaluation, type of management was decided. Surgical procedure was performed and the surgical specimens were sent for histopathological examination. During this period we received 976 gestational trophoblastic specimens at histopathology laboratory for diagnosis. Three hundred fifty four (36.3%) were placentas, 572 (58.6%) were abortive product of conception tissue and 50 (5.1%) specimens were from ectopic pregnancies. These 50 patients were analyzed with mean age 31.4 and age range 21-47 (N=50). Of these 50 patients, 31 (62%) were admitted through emergency and 19 (38%) through outpatient clinics. All these surgically treated patients had total salpingectomy. Twenty-two patients were presented in the early 2nd decade, 24 were presented in the 3rd decade and 4 presented in the 4th decade. All the ectopic pregnancies were tubal. In 34 patients (68%)

it was in the right fallopian tube and in 16 patients (32%) it was in the left fallopian tube. Ectopic pregnancy was histologically confirmed in all these specimens. On analysis of the pathological changes of ectopic trophoblastic tissue it was found that 6 specimens (12%) were histologically reported as hemorrhage with degenerated product of conception, 29 (58%) as unremarkable decidua and chorionic-villi seen, 4 (8%) as trophoblastic tissue with old hemorrhage, 5 (10%) as trophoblastic tissue with fibrosis and inflammation and 6 (12%) as hemorrhagic necrotic trophoblastic tissue.

Although this study has not focused on the risk factors of ectopic pregnancies many such well factors have been reported in literature. Most important risk factors are 1. Previous abortions, 2. Infertility treatments (clomiphene citrate), 3. Intrauterine contraceptive device, 4. Tubal surgery (tubal ligation/sterilization reversal), 5. Previous ectopic and 6. Inflammatory pelvic disease.² The frequency of ectopic pregnancy in our series was 5.1% which is bit higher to other studies reported from neighboring countries namely 0.6% and 1.3%.⁴ Larger studies with focus on specific risk factors in our population are recommended. In order to reduce morbidity early diagnosis and advanced diagnostic approaches are highly recommended. This can be achieved by screening all high-risk patients giving an early diagnosis and therapeutic intervention before tubal integrity is lost.

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References

1. Royal College of London: Obstetricians and Gynaecologists. Guideline No. 21 on the management of tubal pregnancies. London (UK): Royal College of Physicians; 1999. p. 1021-1029.
2. Pisarka D, Carson SA, Buster JE. Ectopic pregnancy. *Lancet* 1998; 351: 1115-1120.
3. Jafarey SN, Korejo R. Social and cultural factors leading to mothers being brought dead to hospital. *Int J Gynecol & Obstet* 1995; 50: 97-99.
4. Khaleeqe F, Siddiqui RI, Jafarey SN. Ectopic Pregnancies: a Three Year Study. *Journal of Pakistan Medical Association* 2001; 51: 240.