

References

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Ectopic pregnancy in a teaching hospital in Sudan

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Ectopic pregnancy remains a major serious gynecological problem. Not only do women still die from the diseases, but a considerable number might never bear a living child and some cases might have a second ectopic pregnancy. The incidence of ectopic pregnancy is increasing, but the fatality rate is falling. Ectopic pregnancy is a serious gynecological problem. The incidence is increasing. This increment could be

Table 1 - Distribution of patients according to the symptoms of ectopic pregnancy.

Symptoms	n of cases	(%)
Abdominal pain	74	(84.1)
Amenorrhea	86	(97.7)
Vaginal bleeding	70	(79.5)
Vomiting	32	(36.3)
Syncope	20	(22.7)
Shoulder pain	18	(20.4)

explained mainly by better means of diagnosis, and a major proportion is attributed either to the increasing use of intra-uterine contraceptive device or to the rising incidence of pelvic inflammatory disease which follows the wake of the venereal diseases. Ectopic pregnancy produces a variety of symptoms, signs and masquerades as many other conditions. Ectopic pregnancy refers to all pregnancies where the gestational sac is implanted outside the normal uterine cavity. Cervical and interstitial pregnancy although within the uterus are considered as ectopic pregnancies. The study was designed to review the clinical presentation of ectopic pregnancy, evaluate methods of diagnosis, identifying the risk factors, describe the findings at laparotomy and estimate the incidence of the disease.

The study was conducted in Medani Teaching Hospital (MTH), Medani City, Sudan, during the period January 1997 to December 1999. The study was designed to make any patient presenting to MTH with symptoms and signs suggestive of ectopic pregnancy. All the above patients were admitted to the hospital for management. The history includes the age, residence, duration of marriage, parity, abortion, rhythm of the cycles and the date of the last menstrual cycle. The history also includes the use of intra-uterine contraceptive device, vaginal discharge, venereal disease and past history of laparotomy. Detailed history on symptoms of ectopic pregnancy were included. The clinical examination includes the pulse rate, blood pressure and palor. The chest and the cardiovascular system were examined. The abdomen is also examined for abdominal tenderness and evidence of internal bleeding. We always palpate for a pelvic-abdominal mass or adnexal mass. The cervix was inspected and proper bimanual examination was performed. The investigations include hemoglobin estimation, blood grouping and Rhesus, urine was analyzed and examined for pregnancy test. Some cases were subjected to transabdominal ultrasound. After laparotomy, all specimens were sent for histopathology.

Table 2 - Distribution of patients according to signs of ectopic pregnancy.

Signs	n of cases	(%)
Tenderness	78	(88.6)
Positive excitation	78	(88.6)
Adnexal mass	46	(52.3)
Guarding	36	(40.9)
Abdominal mass	22	(25)
Collapse	16	(18.2)