

Ectopic pregnancy

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What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy that occurs outside the uterus. Most ectopic pregnancies occur in the fallopian tubes (see Figure). The structure of the fallopian tubes is thin and unable to maintain a pregnancy. As the ectopic tissue grows, there is a serious risk that the fallopian tube may burst, causing the tube to bleed uncontrollably. Major blood loss puts the life of the woman at risk. An ectopic pregnancy is therefore a potentially serious condition.

What are the symptoms?

In the early stages, the symptoms of an ectopic pregnancy can be similar to those of a normal pregnancy. These include breast tenderness, nausea, vomiting and lower abdominal pain.

Most women with an ectopic pregnancy will have some bleeding and lower abdominal pain. These two symptoms can also be present in women having a miscarriage and even in those having a normal pregnancy. The pain of an ectopic pregnancy is classically (but not always) localised to one side of the abdomen and is usually sharp and stabbing in nature. Occasionally, a woman may experience fainting or dizziness due to bleeding from the ectopic pregnancy.

How is it diagnosed?

It can be difficult to diagnose an ectopic pregnancy because, as mentioned above, the symptoms may be similar to those of a normal pregnancy. To help make a diagnosis, doctors will carry out a physical examination, a pregnancy test and a pelvic ultrasound.

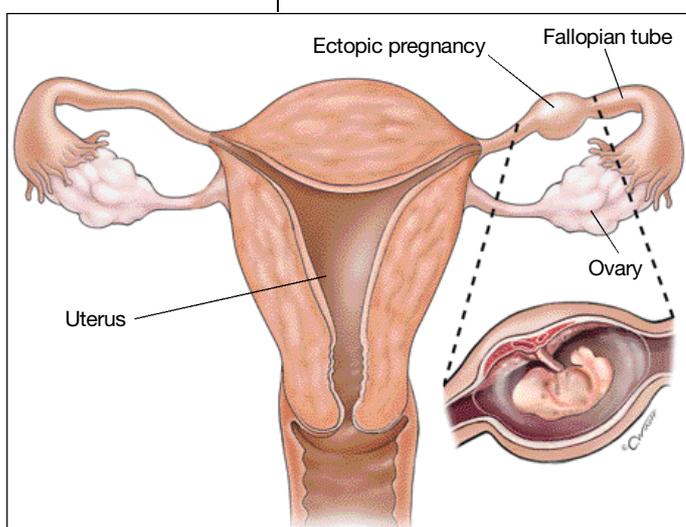
Physical examination

The doctor will check the patient's blood pressure and pulse rate and perform a vaginal examination. If there is excessive bleeding from an ectopic pregnancy, the blood pressure may be lower than normal and the pulse rate raised. A vaginal examination might help identify a mass on either side of the uterus.

Pregnancy blood test

A pregnancy test measures the level of a hormone called human chorionic gonadotrophin (also known as HCG), which is produced by the placenta. In a woman with an ectopic pregnancy, the levels of this hormone are usually, but not always, lower than expected for that particular stage of the pregnancy. A diagnosis of an ectopic pregnancy can sometimes be made after measuring the rate of rise and fall of the HCG levels. Several HCG blood tests may need to be carried out a few days apart to help reach a diagnosis.

This handout provides information about the symptoms of ectopic pregnancy, how it is diagnosed and the different treatments available.



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Figure. Most ectopic pregnancies occur in the fallopian tubes.



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Pelvic ultrasound

A pelvic ultrasound is used to detect whether there is a pregnancy inside the uterus, which will not be present if the pregnancy is ectopic. Because of its small size, an ectopic pregnancy can be difficult to identify with pelvic ultrasound. Indeed, it is often difficult to detect with ultrasound a pregnancy that is under six weeks' gestation wherever it is located. Sometimes a second ultrasound is needed.

How is it treated?

An ectopic pregnancy is often removed by keyhole surgery (also called laparoscopy). During surgery, it is possible to remove the ectopic pregnancy tissue and preserve the fallopian tube. Sometimes, however, the tube needs to be removed, especially when it is already damaged. A general anaesthetic is required for laparoscopy, and there will be some pain and swelling for about a week after surgery.

Occasionally, in cases of an emergency or if there is extensive scarring in the pelvis (from previous pelvic inflammatory disease or surgery), it may be necessary to open the abdomen with a wide cut (called a laparotomy) to remove the ectopic pregnancy tissue.

Some women with an ectopic pregnancy may be treated medically with an injection of a medication called methotrexate. This medication dissolves the ectopic pregnancy tissue. No operation is required. Methotrexate is not suitable for every woman with an ectopic pregnancy; this can be discussed with the doctors.

Ectopic pregnancy tissue may continue to grow irrespective of the method of treatment. It is therefore important for women to be followed up to ensure their HCG levels decrease to almost zero. This indicates successful, complete treatment, but it may take up to two or three months for this level to be reached, so patience is required.

What causes it and can I prevent it?

Women with tubal damage may be at risk of an ectopic pregnancy because the fertilised egg (the embryo) is unable to be transported to the uterus and therefore becomes implanted in the tube.

Pelvic inflammatory diseases can cause tubal damage. A previous ectopic pregnancy and previous tubal surgery can also cause tubal damage. Some fertility treatment and their hormonal effects may affect embryo transport and increase the ectopic pregnancy risk.

In some of these situations, nothing can be done to prevent an ectopic pregnancy. However, if a woman is practising safe sex, the likelihood of pelvic inflammatory diseases decreases and so does her risk of an ectopic pregnancy.

If a woman has any risk factors for ectopic pregnancy, such as undergoing fertility treatment or previous tubal damage due to a cause of any kind, she should visit her doctor as soon as she thinks she is pregnant. Appropriate tests can then be arranged to try to identify an ectopic pregnancy at an early stage.

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What does the future hold?

- About 60 to 70% of women will have an intrauterine pregnancy 12 months after being treated for an ectopic pregnancy. This rate is similar whether the patient is treated medically or surgically.
- Up to 30% of women who have had an ectopic pregnancy may have difficulty becoming pregnant again.
- Women who have had an ectopic pregnancy are at an increased risk of having another ectopic pregnancy – there is at least a 10 times greater risk than that of the general population.
- Women who have had a previous ectopic pregnancy should see their doctor as soon as they become pregnant again so that appropriate tests can be arranged to screen for the possibility of another ectopic pregnancy.



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