

ECTOPIC PREGNANCY : A CASE STUDY

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Tubal pregnancy accounts for 95% cases among ectopic pregnancies. It is a potentially fatal condition and remains a leading cause of pregnancy related deaths in the first trimester. It constitutes 2% births with recurrence in more than 20% patients and permanent sterility in 20-60% of cases.

Mrs. P, 35 years old G3 pl LI A 1 came to the hospital on 8-3-03 with history of polymenorrhoea since two cycles with chronic colicky lower abdominal pain with discomfort while on mobility. Attacks were relieved by taking rest.

Her menstrual periods were irregular - 3-4/45-60 days. With dysmenorrhoea. Her past obstetrical history revealed that she had

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6 year old male child who was delivered by forceps application. 2nd pregnancy was evacuated due to blighted ovum. Her general condition was stable, mild tenderness over abdomen. On speculum examination cervical erosion was noticed. On PV examination expressed pain on movement of cervix and nodularity of uterus was appreciated. It was diagnosed as PID and she was kept on following medications i.e. T. Doxycyclin 200mg od 7 days, T. Ibugesic 1 BD 7 dyas, T. Metrogyl 300 mg tid 7 days. But symptoms were not relieved. Lower abdominal pain increased and bleeding continued.

Transvaginal sono-graphy advised when she came for recheck up on 15-3-03. This test was delayed till 20-3-03 due to personal problems of the mother. TVS was done on 20-3-03. TVS showed mixed echogenic sol suggestive of ectopic gestation

and it was diagnosed as chronic left unruptured ectopic pregnancy, with right ovarian cyst.

Pap smear was sent on the same day which showed moderately inflammatory smear.

Urine test for pregcolor was done. It was found to be negative. Serum sent for Bh CG. Mrs. P BhCG levels are 70 iu/ml (normal 10 iu/ml)

Explained to the mother about the risk and signs and symptoms of rupture of ectopic pregnancy. Immediately the mother was posted for surgery but it was delayed for one week due to personal problems of the mother.

Sent the necessary investigations: HB: 12.8gm, urine analysis: NAD, RBS; 104mg, blood group B+VE, HBSAG - VE, HIV-VE. Mrs P was readmitted on 23-3-03. Operative laparoscopy under general anaesthesia was done on 24-03-

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- (2) On going training should be provided on the BMW management to make everyone conscious & understand rules & issues.
- (3) There should be improvement in the existing BMW practices & strategies to motivate hospital staff to comply with rules.

Recommendation

A similar study may be replicated on large sample thereby findings can be generalized for large population. Similar kind of studies can be undertaken in different settings with different target popu-

lation such as Doctors, Lab Technicians, and hospital karamcharis.

Hospital can no longer ignore health, safety & environmental concern arising out of inappropriate disposal of medical waste generated during diagnoses, treatment & other activities. Proper management of such waste is only possible if each & every health care employee understands the definition of waste & takes due care in segregating the medical waste at source.

References

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