

DIAGNOSIS OF ECTOPIC PREGNANCY AND ITS LAPAROSCOPIC MANAGEMENT

Presenting Author:Dr Maimoona Afzal Second Author : Dr Humera Mumtaz
UHNM NHS TRUST , Stoke On Trent , United Kingdom

INTRODUCTION

Laparoscopy is considered as a gold standard for diagnosis of ectopic pregnancy. With the recent advances in ultrasound, up to 90% of ectopic pregnancies can be diagnosed using this non-invasive modality.

We conducted an audit in our department to determine the rate of negative laparoscopy following an ultrasound diagnosis of ectopic pregnancy.

We also looked into the percentage of women suitable for laparoscopic management of ectopic pregnancy being managed laparoscopically.

Out of interest, we also explored to identify the proportion of ectopic pregnancies identified on initial ultrasound scan.

METHOD

Retrospective Audit of laparoscopies and laparotomies for suspected ectopic pregnancies for 3 years (2nd January 2018 To 31st January 2021).

Data was collected using ORMIS and BLUESPIER (theatre information systems) for 228 cases done in CEPOD over 3 years. Each case was analysed using information from clinical notes, blood results, ultrasound reports, operation notes and histology reports.

RCOG Audit Standards	Standard	Our Result
Negative laparoscopy rate following an ultrasound diagnosis of tubal ectopic pregnancy (0%).	0%	8.3%
Percentage of women suitable for Laparoscopic Management of ectopic pregnancy managed laparoscopically	100%	99.5%
Proportion of tubal ectopic pregnancies identified on initial scan	90%	83.25%

References: Elson CJ, Salim R, Potdar N, Chetty M, Ross JA, Kirk EJ on behalf of the Royal College ofObstetricians and Gynaecologists. Diagnosis and management of ectopic pregnancy. BJOG 2016;.123:e15–e55.

CONCLUSION

- 1) We are managing nearly all cases laparoscopically those suitable for laparoscopic management of ectopic pregnancy
- 2) We are good at diagnosing ectopic pregnancy on initial Ultrasound scan (PPV:4.70)
Negative Laparoscopy rate > 0% (0.05%)
- 3) We suggested regular MDT Discussions for management of suspected ectopic pregnancies which might reduce rates of negative laparoscopes by identifying and managing PUL and ectopic pregnancies suitable for conservative or Medical management

DISCUSSION

- 1)Decision of the only laparotomy can be justified by the clinical situation and condition of the patient. Admitted through ED with hemodynamic compromise, high clinical suspicion of ruptured ectopic pregnancy and eventual histological confirmation of ectopic pregnancy.
- 2) 13 patients were admitted out of hours and underwent emergency laparoscopy on clinical suspicion. 12 out of 13 had laparoscopy, 1 had laparotomy.Only 1 out of 13 had Negative Laparoscopy.
Is it better to act and have Negative findings at laparoscopy?