

AUDIT ON THE MANAGEMENT OF ECTOPIC PREGNANCY

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Objective:

This study aimed to evaluate the outcomes of conservative, medical, and surgical management of ectopic pregnancies from 1st January to 31st December 2024 at Luton and Dunstable Hospital. The findings were compared with a previous audit conducted in 2012 at the same insttuton to identfy trends in management success, adherence to local and natonal guidelines, and factors infuencing treatment choices.

Design:

A retrospective analysis of ectopic pregnancies. Data were collected from hospital records, focusing on clinical presentaton, ectopic size, ultrasound fndings, biochemical features, management approaches, and outcomes. Comparatve analysis was undertaken to assess changes in management paterns and outcomes relative to the previous audit period.

Methods:

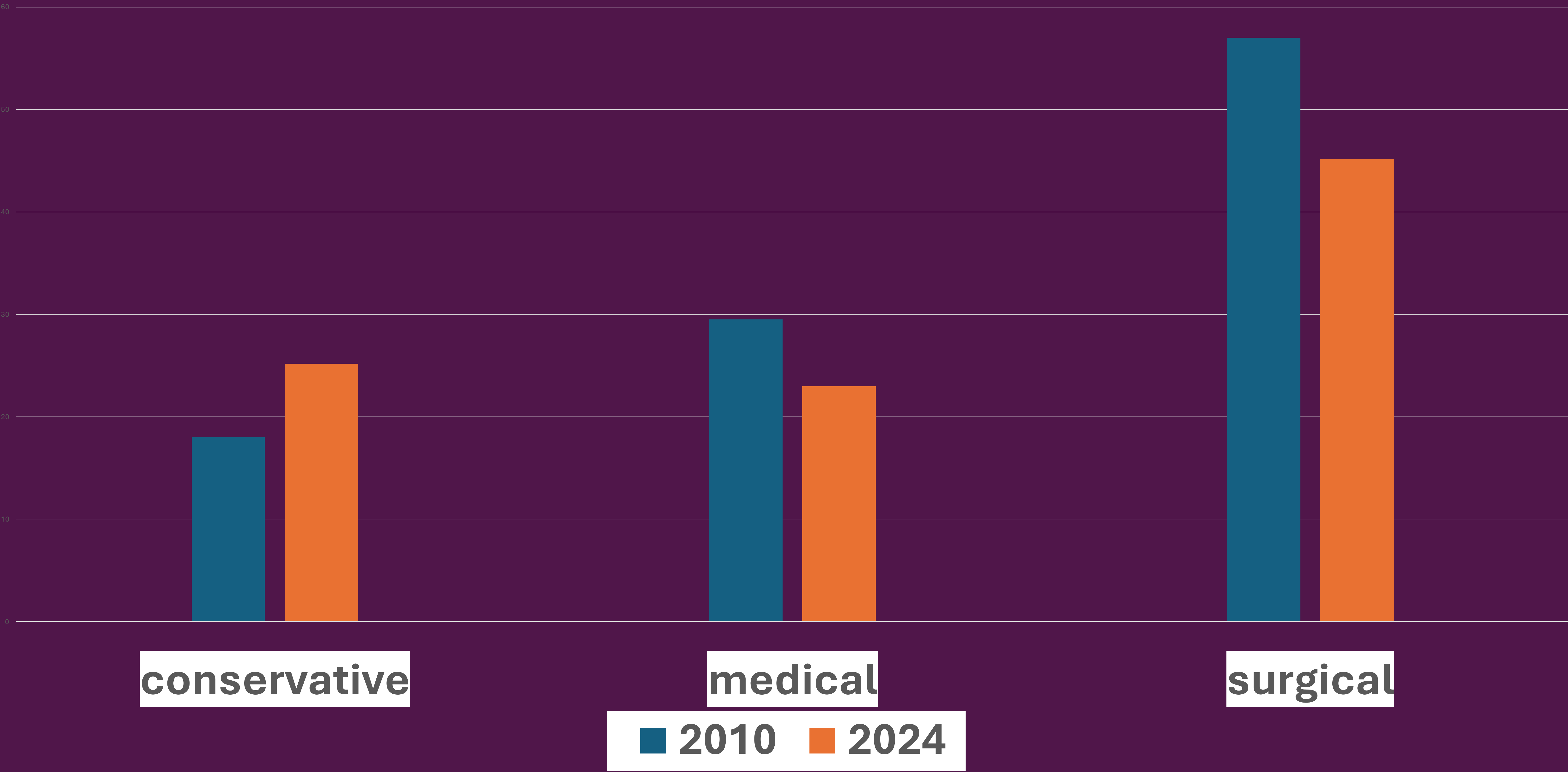
A total of 115 ectopic pregnancy cases were included (105 cases were tubal ectopic and 10 cases were non tubal ectopic)and categorized based on management: conservative (n=29), medical (n=34), and surgical (n=52). Clinical outcomes, including treatment success and complicatons, were analysed. Success for conservative and medical management was defined as resoluton without surgery. Surgical outcomes were assessed for ruptured and unruptured ectopic and retained products of conception. These fndings were compared with the previous audit, which included a diferent sample size (115vs 38) but similar methodology.

Results:

Conservative management was done in 25.2% patents (compared to 18% treated by conservatvely in previous audit) and the success was 100percent . Medical management with methotrexate was done in 29.5 percent patents (compared to 23% treated by medical treatment in previous audit) which achieved 76.4% success rate (26/34) 8 patents needed further surgery, one of them had surgery due to ruptured ectopic. It is showing improvement from earlier audit, with a reducton in cases requiring surgical interventon. Surgical management remained the predominant approach (45.2% vs. 57% previously), with 16 had surgery due to ruptured ectopic in 2024 and 36 were unruptured. Notably, the incidence of caesarean scar ectopic increased to 2.56% in 2024 from 1.2% previously, exceeding reported natonal rates (0.15–1.5%).Overall results are in consistant with the local and natonal guidelines

Conclusions:

Comparison with the previous audit highlights improvements in Conservative and Medical management success and reductons in Surgical interventons following methotrexate treatment. Continuous auditng remains critcal to ensuring guideline adherence and identifying emerging trends, thereby improving patent outcomes and informing natonal policy. Future research should focus on optmizing diagnostiic and management strategies for complex cases, including non-tubal and scar ectopic, to improve clinical outcomes and inform natonal policy



REFERENCES

Diagnosis and Management of Ectopic Pregnancy (Green-top Guideline No. 21)
Ectopic pregnancy and miscarriage: diagnosis and initial management (NICE guideline NG126)