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Introduction

- The rate of ectopic pregnancy is 11 per 1,000 pregnancies, with a maternal mortality of 0.2 per 1,000 estimated ectopic pregnancies.
- About two-thirds of these deaths are associated with substandard care.
- Management of ectopic pregnancies
 - Medical management- same efficacy as expectant management¹
 - Some tertiary centres- not routinely offer medical management².
- Expectant management is more cost-effective than medical management although the follow up will be similar.
- Medical management can be an option for a woman whose HCG⁴ is between 1500 and 5000 without symptoms and can follow up as per protocol.

Objective/ Aim

- To assess efficacy and role of medical management of ectopic pregnancy.

Design

- Retrospective review of the cases of ectopic between June 2022 and December 2022.

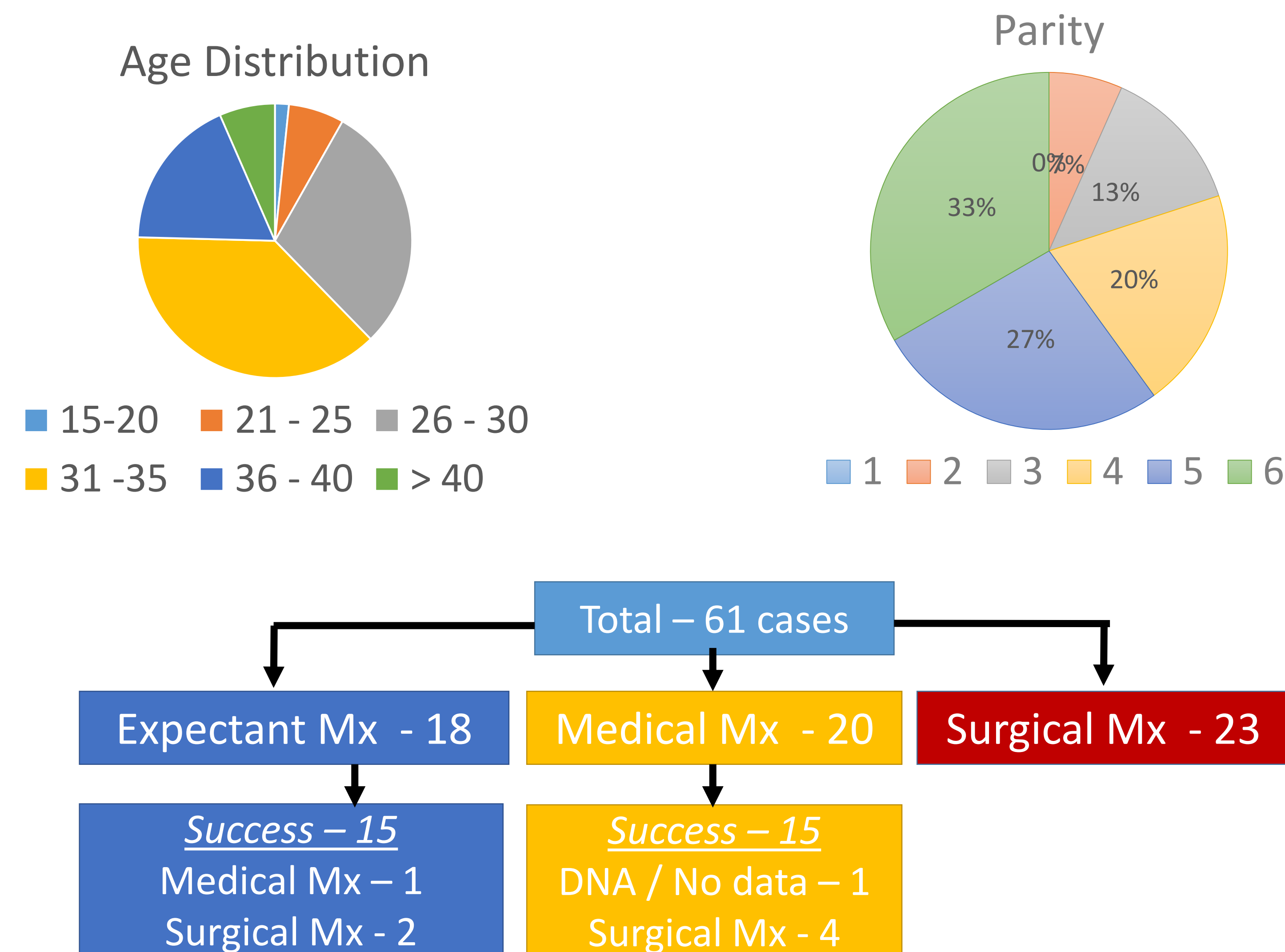
Method

- From hospital data-base (Evolve, ICE) and from EPC data.
- Microsoft Excel was used for data collection and data analysis.

Acknowledgement

The Author would like to extend heartfelt thank to Miss Pann (Obs & Gynae consultant) for supervision, to EPC unit for supporting in data collection.

Results



4 cases of failed medical management

Case 1
Size - 15 x 9 x 14 mm
D0 - 2422
D4 - 4301
D7 - 5059
Operation - rt unruptured ectopic pregnancy 2 x 1 cm

Case 2
Size - 9 x 9 x 4 mm
D0 - 1915
D4 - 5661
Operation- rt unruptured ectopic pregnancy

Case 3
Size - 14 x 20 mm
At presentation- 2537
D0 - 3700
Hb drop from 127 to 116 & pt keen for surgery
Operation- rt unrupture ectopic 2 x 2 cm

Case 4
Size - 10 x 15 x 11 mm
D0 - 3137
D4 - 5000
Operation- lt unruptured ectopic 2 x 3 cm

Conclusion

- 70% success rate of expectant and 80% with medical management
- Mean duration of biochemical resolution in Medical Management was 26 days
- No women required second dose of methotrexate.
- Medical Management can be one of the options for women who do not fit for expectant management & decline surgical management.
- Role of medical management in ectopic pregnancy cannot be denied.
- **The medical management still has a role especially in District Hospital.**

Limitation

- Difficult to compare the efficacy of expectant Management vs Medical Management due to the differences in initial HCG level.
- In expectant Mx
 - Lowest initial HCG - 43
 - Highest initial HCG - 1464
- In Medical Mx
 - Lowest initial HCG - 150
 - Highest initial HCG - 3332

References

1. Acta Obstetricia et Gynecologica Scandinavica/ volume 102, Issue 9
2. University College London Hospital, management of ectopic pregnancy guidelines
3. Luton and Dunstable Hospital, management of ectopic pregnancy guidelines.
4. NICE Ectopic pregnancy and miscarriage: diagnosis and initial management

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