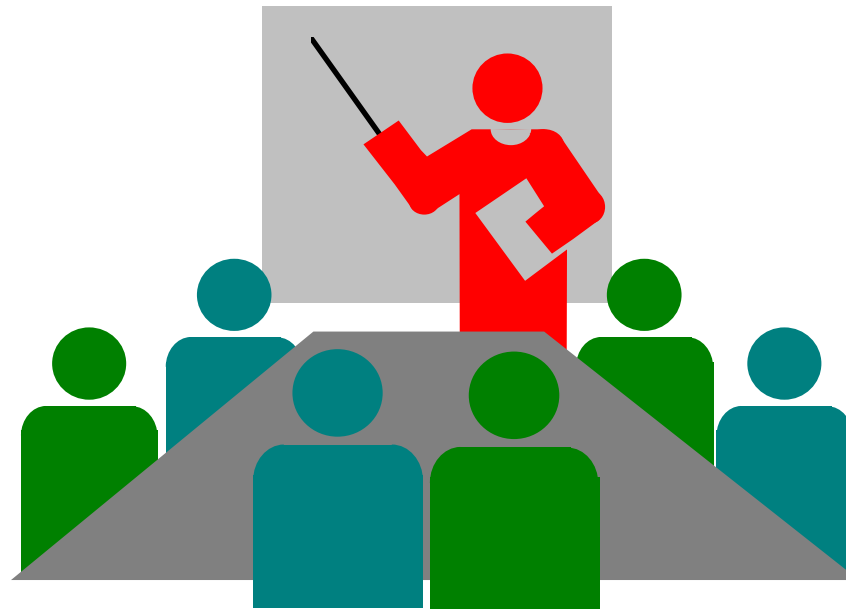


Abortion and Ectopic Pregnancy

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Introduction

- Spontaneous Abortion
- Elective Abortion
- Ectopic Pregnancy

Spontaneous Abortion

- Incidence-1 in 5 pregnancies
- 80% occur in the first trimester
- Incidence decreases with gestational age
- If fetal heart activity/viability is noted on ultrasound, the loss rate is only 2-3%
- Loss rate is 20% in those with first trimester bleeding
- Risk increases with increasing maternal age, paternal age, and parity

Spontaneous Abortion

- Etiology-

- ◆ Maternal factors

- ☞ Infectious-Mycoplasma, Toxoplasmosis, Listeria

- ☞ Environmental-Alcohol abuse, Smoking

- ☞ Uterine-Septum, Fibroids, Synechiae, Cervical Incompetence

- ☞ Systemic Disease-Thyroid, Diabetes

- ◆ Paternal factors-Chromosomal translocation

- ◆ Fetal Factors-Chromosomal

- ☞ 50% of 1st trimester abortions caused by chromosomal anomalies

Spontaneous Abortion- Symptoms

- Vaginal bleeding in almost all patients
- Cramping and pelvic pain very common
- Hemorrhage can lead to syncope from hypovolemia/shock
- Often discovered when fetal heart activity cannot be detected on exam

Spontaneous Abortion

- Differential Diagnosis
 - ◆ Threatened Abortion-bleeding, cervix closed
 - ◆ Inevitable Abortion-cervix open or membranes ruptured
 - ◆ Complete Abortion-passed all products of conception (P.O.C.)
 - ◆ Incomplete Abortion-passed some of the P.O.C.
- Treatment
 - ◆ Suction Dilatation and Curettage or Observation

Induced Abortion

- More complicated the further along in pregnancy the procedure is done
- Dilatation and Curettage until 12 weeks then Dilatation and Evacuation
- Medical Rx possible until 9 weeks
 - ◆ RU-486 (mifepristone)/Misoprostil
 - ◆ Methotrexate/Misoprostil

Induced Abortion

- Complications
 - ◆ Perforation of uterus
 - ◆ Infection
 - ◆ Hemorrhage
 - ◆ Post Abortal Syndrome
- Septic Abortion
 - ◆ Sepsis, shock, hemorrhage
 - ◆ Follows infected complete or incomplete AB
 - ◆ More common before induced abortion was legalized

Ectopic Pregnancy

- Pregnancy anywhere outside uterine cavity
- Fallopian tube most common location
- Second leading cause of maternal mortality
- Risk Factors
 - ◆ Pelvic inflammatory disease, Age, Previous Ectopic, Previous tubal ligation
- Symptoms
 - ◆ Abdominal pain, vaginal bleeding, syncope, amenorrhea
 - ◆ Occurs 5-8 weeks after last menstrual period

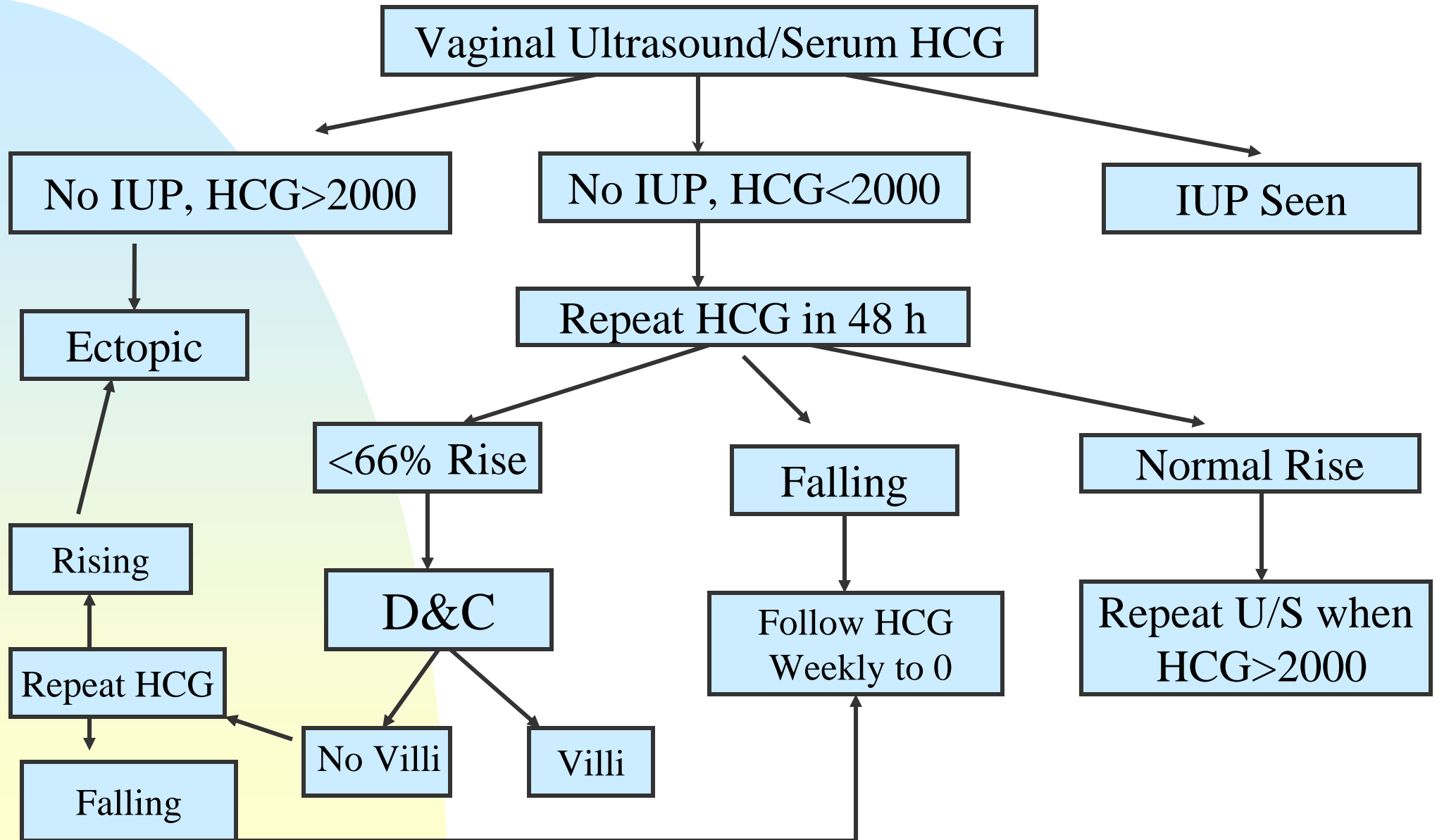
Ectopic Pregnancy

- Physical Findings
 - ◆ Hypotension, tachycardia(shock)
 - ◆ Adnexal mass or tenderness in adnexa
 - ◆ Uterus-normal size
 - ◆ Peritoneal Signs
- Diagnostic Tests
 - ◆ Quantitative serum pregnancy test
 - ◆ Ultrasound
 - ◆ Culdocentesis

Ectopic Pregnancy

- Diagnostic Algorithm-Key Points
 - ◆ HCG > 2000, IUP visible on Transvaginal Ultrasound
 - ◆ HCG rises by 66% in 48 hours in viable IUP
 - ◆ Suction Dilatation and Curettage (D&C)-
Absence of villi points to ectopic
 - ☞ Can put uterine contents into saline and look for villi by gross inspection

Ectopic Algorithm



Ectopic Pregnancy

- Management-determine hemodynamic stability
 - ◆ Medical
 - ☞ Methotrexate-unruptured, small, no cardiac activity, compliant patient
 - ◆ Surgical
 - ☞ Laparoscopy
 - Salpingostomy
 - Salpingectomy
 - ☞ Laparotomy

Ectopic Pregnancy: Prognosis for Subsequent Fertility

- Overall subsequent pregnancy rate is 60%, other 40% are infertile
- One-third of pregnancies after an ectopic pregnancy are another ectopic pregnancy, one-sixth are spontaneous abortions
- Only 33% of women with ectopic pregnancy will have a subsequent live birth

Ectopic Pregnancy- Unusual Variants

- Heterotopic Pregnancy
 - ◆ Simultaneous IUP and ectopic gestations
 - ◆ Rare- 1 in 30,000 pregnancies
- Abdominal Pregnancy-can occur anywhere in peritoneal cavity (1 in 3000)
- Cervical Pregnancy (1 in 10,000)
 - ◆ May need hysterectomy
- Ovarian Pregnancy (1 in 7,000)
 - ◆ Oophorectomy usually required