Early Diagnosis of an Ectopic Pregnancy in patient with Irregular Menstrual Bleeding

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Received: September 2020; Accepted:October 2020; Published: November 1, 2020
Citation: Samar Soliman, Mohammed Salem. Early Diagnosis of an Ectopic Pregnancy in patient with Irregular Menstrual Bleeding. World Family Medicine. 2020; 18(10): 116-118 DOI: 10.5742/MEWFM.2020.93900

Abstract

Female patient presented with irregular vaginal bleeding diagnosed with right tubal ectopic pregnancy after requesting an early pregnancy test and pelvic ultrasound which came as positive; helping in early diagnosis of ectopic pregnancy case. The case illustrates the importance of careful history taking and early suspicion of pregnancy and its complications in any female in childbearing period with any abnormal vaginal bleeding.

Key words: irregular menstrual bleeding, ectopic pregnancy

Introduction

An ectopic pregnancy is an extrauterine pregnancy. Almost all ectopic pregnancies occur in the fallopian tube (96 percent), but other possible sites include cervical, interstitial, hysterotomy (cesarean) scar, ovarian, or abdominal {1}. In rare cases, a multiple gestation may be heterotopic (including both a uterine and extrauterine pregnancy).

●Abdominal pain and vaginal bleeding are the most common symptoms of ectopic pregnancy {2}. Ectopic pregnancy should be suspected in any women of reproductive age with these symptoms, especially those who have risk factors. However, over 50 percent of women are asymptomatic before tubal rupture and do not have an identifiable risk factor for ectopic pregnancy {3}.

Case

33 years old female p3 +1 abortion, known hyperthyroidism on Carbimazole and on Methyl Aldomet for hypertension, as well. She was on IUCD (Intra Uterine Contraceptive Device) for 5 years then stopped it for more than 1 year trying to conceive but failed. She came for result review for her blood tests done for her irregular menses and secondary infertility?, On that day 1ST December 2019 she was on her 6th day of her 2nd menstruation this month (as she thought). The first menstrual period this month was on 16th of November 2019 and previous one was on 10/10/2019. Her laboratory result checked showing low AMH (Anti Mullerian Hormone) and normal other hormonal level .

On examination: vital signs were within normal (blood pressure: 129/85 mmhg, heart rate: 90 bpm, temperature: 36.8 c), patient looked stable, not in pain but noted that only patient has mild suprapubic tenderness on abdominal examination.

Investigations requested: beta HCG and urgent pelvis ultrasound requested to rule out pregnancy (ectopic/ abortion), 2nd day of seeing patient result came as positive for B. HCG at the level of b-HCG 193 IU/ML so patient contacted on her phone and asked to go direct to Women Wellness and Research Center (WWRC) Emergency to rule out ectopic pregnancy.

Figure 1

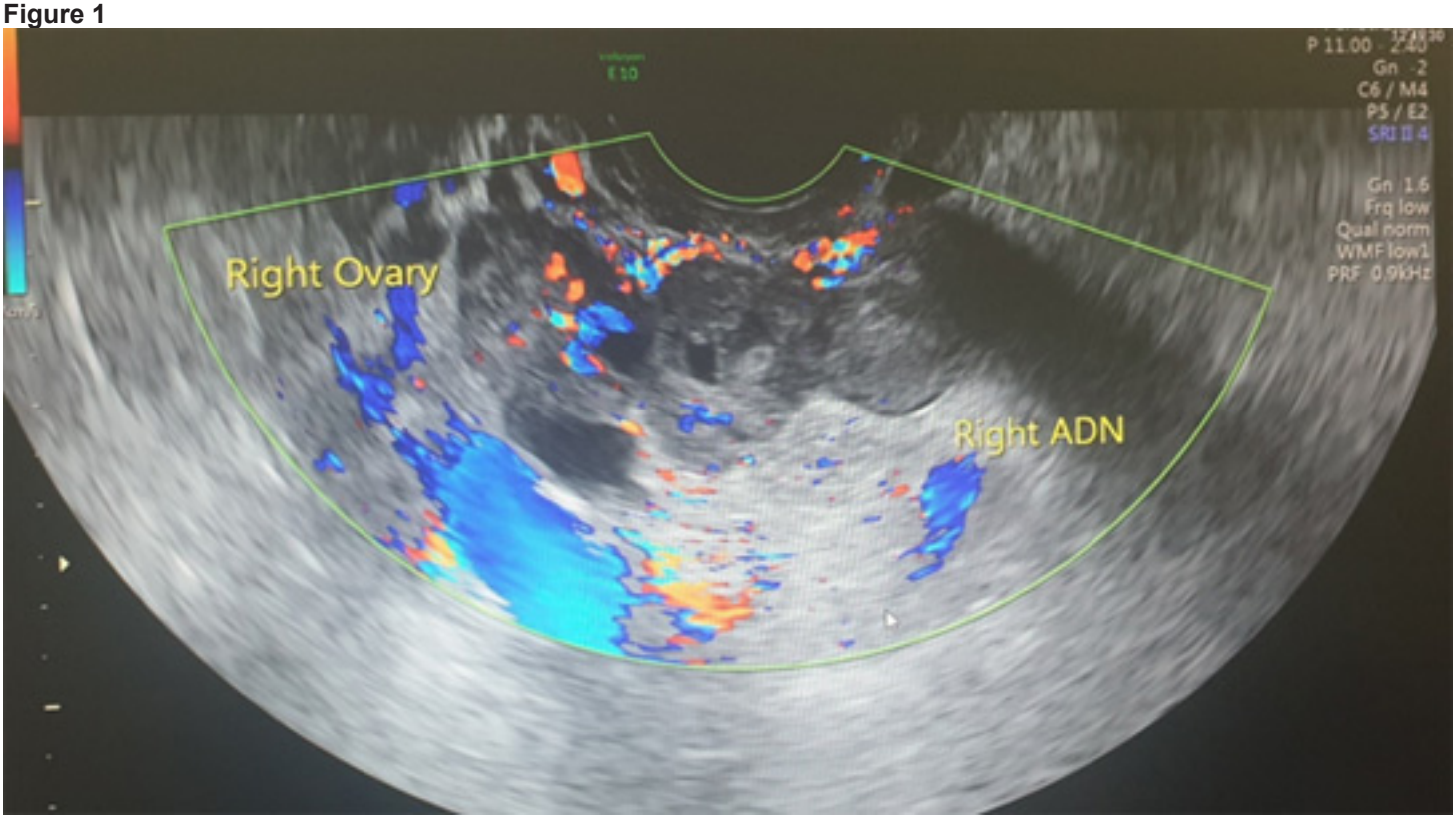

Figure 1 shows right adnexal rounded hyperechoic lesion with central translucency.

Patient admitted and her emergency ultrasound showed right adnexal rounded hyperechoic lesion with central lucency representing gestational sac with adjacent small hematoma /hematosalpinx suggesting right tubal ectopic pregnancy with hematoma.

The case was diagnosed with ectopic pregnancy and followed up for 48 hours. B.HCG level was found to be decreasing and currently she is for expectant management of ectopic pregnancy.

The indication for expectant management of ectopic pregnancy is a suspicion of ectopic pregnancy in a woman who meets the selection criteria for expectant management. The patient must also prefer expectant management rather than Methotrexate or surgical treatment.

Selection criteria; When ectopic pregnancy is suspected, in our practice, we offer expectant management only for women who meet ALL the following criteria: Asymptomatic, Understand the clinical implications and risks of an ectopic pregnancy, Ready access to a medical facility if emergency surgical treatment is needed, Able and willing to comply with close follow-up, Transvaginal ultrasound (TVUS) does not show an extrauterine gestational sac or demonstrate an extrauterine mass suspicious for an ectopic pregnancy, and Serum quantitative beta-human chorionic gonadotropin (hCG) concentration is low (≤200 mIU/mL) and decreasing [4].

We define we define beta -HCG decreasing as a decrease of >10 percent across two consecutive measurements. Some guidelines advise offering expectant management to patients who meet the above criteria and have an hCG ≤ 1000 mIU/mL [5].

Conclusion

In females during their childbearing period coming with any irregular vaginal bleeding; they should be evaluated for pregnancy and its complications as early as possible; for exclusion of serious ectopic pregnancy and better outcome if diagnosed early.

Discussion

The case presented with irregular menstrual bleeding and at the first presentation pregnancy test was missed as the first required test to exclude pregnancy complications and most seriously ectopic pregnancy which if missed may endanger the life of patient {2}.

Diagnosis of ectopic pregnancy in female is usually tricky and needs high suspicious index from the family physician and as a rule pregnancy and its complications should be of high priority in investigating any female in childbearing period coming with any irregular or abnormal vaginal bleeding. Early symptoms such as abdominal pain although the commonest, is not specific to ectopic pregnancy {6}.
Normal pregnancy discomforts (eg, breast tenderness, frequent urination, nausea) are sometimes present in addition to the symptoms specifically associated with ectopic pregnancy. There may be a lower likelihood of early pregnancy symptoms in women with ectopic pregnancy because progesterone, estradiol, and human chorionic gonadotropin may be lower in ectopic pregnancy than in normal pregnancy [7-9].

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