ECTOPIC PREGNANCY IS A DISEASE REQUIRING EMERGENCY ASSISTANCE

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https://doi.org/10.5281/zenodo.14895169

Abstract. *An ectopic pregnancy (international name is "ectopic pregnancy") is a pathological pregnancy when the attachment of a fertilized egg occurs outside the uterine cavity. Ectopic pregnancy is considered a condition requiring emergency medical attention.*

In case of untimely diagnosis and lack of adequate treatment, ectopic pregnancy can be life-threatening due to the development of massive intra-abdominal bleeding.

Key words*: ectopic pregnancy, bleeding, tubectomy, acute abdomen, collapse.*

ВНЕМАТОЧНАЯ БЕРЕМЕННОСТЬ — ЗАБОЛЕВАНИЕ, ТРЕБУЮЩЕЕ НЕОТЛОЖНОЙ ПОМОЩИ

Аннотация. *Внематочная беременность (международное название — «эктопическая беременность») — патологическая беременность, при которой прикрепление оплодотворенной яйцеклетки происходит вне полости матки. Внематочная беременность считается состоянием, требующим неотложной медицинской помощи.*

При несвоевременной диагностике и отсутствии адекватного лечения внематочная беременность может быть опасна для жизни из-за развития массивного внутрибрюшного кровотечения.

Ключевые слова: *внематочная беременность, кровотечение, тубэктомия, острый живот, коллапс.*

Reasons for the increase in the frequency of ectopic (ectopic) pregnancy: an increase in the number of inflammatory diseases of the internal genital organs, which leads to scar-adhesive changes in the fallopian tubes; an increase in the number of surgical interventions on the fallopian tubes (reconstructive plastic surgery on the fallopian tubes), also leading to scar-adhesive changes in the fallopian tubes; inactivation (sterilization) of the fallopian tubes; use of intrauterine and hormonal contraception; introduction of assisted reproductive technologies (in vitro fertilization (IVF) and embryo transfer (ET) programs); antenatal exposure to diethylstilbestrol; endometriosis, fallopian tube diverticulosis (controversial causes); endocrine diseases, accompanied by a disorder in the hypothalamus-pituitary-ovarian-uterus system and other target organs, which can lead to delayed ovulation, oocyte transmigration, etc.; genital infantilism, congenital anomalies of the uterus; long-term use of intrauterine contraception (IUC); increased biological activity of the blastocyst; Controversial reasons (but we consider them as risk factors) include quality sperm, abnormalities in the level of prostaglandins in sperm.

Chromosomal abnormalities cannot be ruled out. The pathogenesis of ectopic pregnancy is based on a violation of the physiological transport of a fertilized egg and implantation of a blastocyst outside the uterine cavity.

Depending on the site of implantation of the fertilized egg, the following types of ectopic pregnancy are distinguished:

tubal: the fertilized egg is implanted in the fallopian tube. Most common;

• ovarian: the fertilized egg is implanted on the ovary;

• abdominal: the fertilized egg is implanted in the abdominal cavity, most often in the mesentery of the small intestine or sigmoid colon;

• interstitial: implantation occurs in the interstitial (uterine) section of the fallopian tube;

cervical: the fertilized egg is implanted in the isthmus area or in the cervical canal.

The frequency of this pathology is increasing due to the use of modern technologies of assisted reproduction (IVF), reaching 1 disease in 100-620 pregnancies.

The most common form of ectopic pregnancy is tubal (96.5-98.5%) [2]. Localization of the fertilized egg in the fallopian tube, according to the USA and Russia,

presented as follows: in the interstitial region it is observed in 2-3 and 2-3%, respectively; in isthmic - in 11-12 and 10-40%; in ampullary - 80 and 30-60%; in fimbrial - in 4-5 and 5-10% [3].

About 5% of ectopic pregnancies have a rare localization: simultaneously in both fallopian tubes, the interstitial part of the fallopian tube, the ovary, closed rudimentary horn, cervix, between the leaves of the broad ligament, in the abdominal cavity, in the area of the scar after cesarean section, sometimes a transitional form is observed with the localization of the fertilized egg on adjacent anatomical formations, a combination of uterine and ectopic pregnancy [4]. Information on the prevalence of rare forms of ectopic pregnancy is limited and is presented as follows:

rudimentary horn - 1:100,000 births, cervical - 1:8000 - 18,000 births, abdominal - 1:3000 - 10,000 births [5].

Rare forms of ectopic pregnancy are often overlooked by medical practitioners, are diagnosed late and cause high maternal morbidity and mortality [4].

Common reasons for the increase in the incidence of rare forms of ectopic pregnancy are the increased prevalence of diseases, sexually transmitted diseases, an increase in the frequency of operations on the fallopian tubes, assisted reproductive technologies, and cesarean sections [6].

One of the rarest forms of ectopic pregnancy is simultaneous bilateral tubal pregnancy - 5 cases per 1 million examinations of surgical material. Perhaps this form is more common, but in many cases it goes undetected or unreported [6].

Observations of bilateral tubal pregnancy were first described in 1888 by Y. Dajani and J. Shaer [cit. according to 6] in 1979 reported 233 such observations. Data on the frequency of bilateral tubal pregnancies in relation to the total number of ectopic pregnancies are contradictory and vary, according to domestic authors, from 1:75 to 1:147, and according to foreign researchers [7], from 1:70 to 1:1580.

The mechanism of simultaneous occurrence of pregnancy in both fallopian tubes is explained in different ways: multiple ovulation, transperitoneal migration of trophoblast from one tube to another, superfetation (superfertilization) [6].

Factors predisposing to the occurrence of bilateral tubal pregnancy are the same as for unilateral pregnancy. The literature [7] indicates a possible increase in the incidence of bilateral tubal pregnancy due to the widespread use of intrauterine contraceptives, clomiphene and pituitary hormones in recent years, as well as due to the more frequent use of conservative operations for reports of bilateral tubal pregnancy during artificial insemination in vitro with subsequent transfer of embryos into the uterus. A more frequent occurrence of bilateral tubal pregnancy has been noted in multipregnant women than in women who have not had a previous pregnancy. Bilateral tubal pregnancies are usually not recognized until surgery.

Clinical manifestations of ectopic pregnancy

1. Presence of signs of pregnancy:

• delay of menstruation by 1–4 weeks (73%);

• engorgement of the mammary glands;

• changes in taste, smell and other sensations.

2. Menstrual irregularities (the appearance of bloody discharge from the genital tract) - 49%:

• after a delay in menstruation;

• with the beginning of the next menstruation;

• before the expected menstruation.

3. Pain syndrome - 68%:

• cramping or constant pain in the lower abdomen;

• sudden intense pain in the lower abdomen;

• irradiation of pain to the rectum, perineal area, lower back.

4. Signs of intra-abdominal bleeding:

• weakness, dizziness, pallor of the skin and visible mucous membranes;

• cold sweat, tachycardia, decreased blood pressure, collapse;

• dullness of percussion sound in the sloping parts of the abdomen;

• peritoneal symptoms of varying severity;

• decrease in hemoglobin levels, red blood cell content (with

blood test).

Clinic of "acute abdomen" (severe pain in the lower abdomen due to menstrual irregularities - delayed menstruation), spotting - the most classic clinical picture characteristic of an interrupted ectopic pregnancy.

Options for the clinical course of tubal pregnancy:

• progressive tubal pregnancy;

interrupted tubal pregnancy such as tubal abortion;

• interrupted tubal pregnancy as a rupture of the fallopian tube.

Cervical pregnancy is an extremely rare localization of ectopic pregnancy, which poses a significant danger to a woman's life.

The main symptoms of cervical pregnancy are bleeding from the genital tract in the absence of pain. Expressiveness of external bleeding varies from periodic scanty discharge to profuse bleeding.

Progressive cervical pregnancy may be suspected during a gynecological examination:

• the cervix is hypertrophied, cyanotic, eccentric location of the external uterine os;

• mucous-bloody discharge;

shortening, smoothing and softening of the cervix in the form of a soft tumor-like formation;

• the body of the uterus is palpated as a dense node located above the fetal receptacle. In case of impaired cervical pregnancy, the severity of the patient's condition corresponds to the amount of blood loss.

Diagnosing an ectopic pregnancy is often difficult. You should rely on your medical history, vaginal examination and ultrasound results. An experienced ultrasound doctor can see signs of such pregnancy for a period of 4 weeks. Even if it is not possible to see the embryo itself, the doctor should be alerted to a compaction in the fallopian tube, an inappropriate (smaller) size of the uterus for the duration of pregnancy, as well as fluid in the retrouterine space. And starting from the 6th week of pregnancy it is already clear on ultrasound the fetus itself is visualized.

Carrying out a targeted puncture of the rectal uterine cavity under ultrasound control in case of suspected interrupted pregnancy increases the efficiency of the study by 1.5-2 times, allowing timely diagnosis of minimal intra-abdominal bleeding. Laparoscopy has an important diagnostic value, which allows you to visually determine the condition of the uterus, ovaries, tubes, the amount of blood loss, the localization of the ectopic ovum, assess the nature of the pregnancy (progressive or impaired), and in many cases, carry out surgical treatment.

Determination of the beta subunit of human chorionic gonadotropin is currently an auxiliary test for detecting progressing pregnancy. During normal course During the first 2-3 weeks of pregnancy, the hCG level doubles every 1.2-1.5 days, and from the 3rd to the 6th week - every 2 days, while during an ectopic pregnancy, hCG increases more slowly.

In short, ectopic pregnancy is a serious disease with complications and endangering a woman's life. Complications include internal bleeding, hemorrhagic shock, uterine amputation and extirpation, tubectomy, infertility. In severe cases, it can lead to death. For prevention, it is necessary to ensure that women undergo preventive medical examinations on time.

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