

Typical Clinical Presentation of Ectopic Pregnancy

(**Unfortunately, only 50% of patients present typically**)

Symptoms suggestive of pregnancy, which might already be confirmed by the patient or GP

- Amenorrhea (cessation of regular menstrual cycle) (65-95%)
- Nausea / Morning sickness
- Low back pain
- Breast Tenderness
- Fatigue
- etc

Then, *in addition*, there are the early signs of an ectopic pregnancy

- Lower abdominal or pelvic pain - may be minimal or severe (75%)
- Mild cramping on one side of the pelvis
- Abnormal PV bleeding (usually scant, may be mild or absent.) (only 40-50%)
- This bleeding can be accompanied by sloughing material, suggestive of a miscarriage.
- Decidual cast may be passed.
- Possibly dyspareunia
- Possibly tenesmus.
- Adnexal mass (best assessed as part of EUA) (50-60%)

If rupture and haemorrhage occurs before diagnosis or successful treatment, symptoms may worsen to include:

- Severe, sharp, and sudden pain in the lower abdominal area
- Feeling faint or actually fainting
- Referred pain to the shoulder / shoulder tip area
- Haemorrhagic Shock (20%)
- Disseminated Intravascular Coagulopathy
- Death (0.025%)

Ectopic pregnancy is the leading cause of maternal death in the first trimester, accounting for 9-13% of all pregnancy-related deaths. In the United States, an estimated 30-40 women die annually from this, at a rate of 2.5 per 10,000 ectopic pregnancies. Mortality decreased ten-fold between 1970 and 1995, but (reported) incidence increased five-fold in the same period.

Numerous conditions may have a presentation similar to an extrauterine pregnancy.

Appendicitis,	Ovarian torsion
Salpingitis,	UTI
Ruptured corpus luteum cyst or ovarian follicle,	Idiopathic abdominal pain
Spontaneous or threatened abortion	etc

Astute clinical practice would tend to refer all patients where the differential diagnosis may include an Ectopic Pregnancy for an immediate gynaecological opinion, unless there is a clear reason to not do so.

At Stepping Hill Hospital, all women of childbearing age with Iliac Fossa pain *must* now be seen by gynae first)