Management of Advanced Ectopic Pregnancy: Comparative Study between State of Qatar and Kingdom of Bahrain

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Background: Ectopic pregnancy is an increasing health risk for women that cause maternal death in the first trimester. The incidence of ectopic pregnancy is 1-2% of pregnant women. The Fallopian tubes are the most common site of implantation (95.5%). Risk factors are higher in women with damaged fallopian tubes. Ultrasound (US) and (-hCG) are the diagnostic tools. Management includes medical (methotrexate(MTX)) and surgical (laparotomy or laparoscopic) approaches.

Objectives: The objective of this study is to shed the light on the management of advanced ectopic pregnancy diagnosed according to the (-hCG>5000) or the presence of fetal heart beat using US, in relation to age, medical history, diagnosis, treatment in both Qatar and Bahrain.

Methods: This study was conducted at Hamad Medical Corporation (Qatar) and Bahrain Defense Force Hospital (Bahrain). After obtaining the ethical approval needed, all cases of ectopic pregnancies between 2007-2011 were included. Data were collected from medical records on the approved data-collecting sheet then statistically analyzed using SPSS 19 software. Analyses included descriptive statistics, cross tab and Chi-square Tests, 95% confidence intervals and odd ratios.

Results: Out of 534 cases of ectopic pregnancies enrolled in this study, 127 (23.8%) were from Bahrain and 407 (76.2%) were from Qatar. The percentage of advance cases was 15% from Bahrain and 41% from Qatar. In Bahrain, treatments utilized are: laparatomy and salpingectomy (84.2%), (5.3%) MTX alone and MTX followed by laparatomy and salpingectomy (10.5%), while in Qatar it was laparoscopy and salpingectomy(77.6%), MTX alone (19.4%), MTX followed by laparoscopy and salpingectomy (3%). In both countries, Left tube is the common side of implantation in case of advance ectopic (52.2%) and high incidence (21.7%) of tubal rupture was found in all advanced ectopic cases.

Conclusions: Management of advanced ectopic pregnancy was mainly surgical based on gestational sac size and patient's age. Laparoscopy in Qatar and laparatomy in Bahrain were the treatment of choice to treat advance ectopic cases. Further investigation to compare mother's fertility after different surgical approaches is recommended.