



Brief communication

Ectopic pregnancy in Ilorin, Nigeria

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The steady increase in the overall incidence of ectopic pregnancy has led to the development of sophisticated means of diagnosis and new approaches to management [1,2]. This retrospective study reviewed, against the current trend, the incidence, presentation, diagnosis and treatment modalities in Ilorin, Nigeria, with a view to identifying areas needing management improvement. Seventy-nine cases of ectopic pregnancies representing one ectopic per 125 deliveries or 0.8% were reviewed. The patients' ages ranged from 15 to 45 years with the highest incidence in the sexually active age group of 21-25 years. Low parity [0-2] constituting 60.84% of the population studied was an identified risk factor. History suggestive of previous pelvic sepsis was a major etiological factor in this study as shown in Table 1. This was further highlighted by 50.71% of the patients with evidence of pelvic adhesions at surgery which is still in agreement with earlier observations made by Olatunbosun and Okonofua [3].

The diagnostic methods employed were history and physical examination alone in 40.14% of the patients, and in combination with either or both

urinary human chorionic gonadotrophin (HCG) and transabdominal pelvic ultrasonography. Serum beta HCG, laparoscopy, dilatation and curettage were not in use during the period under review, even though cases of suspected (unruptured) ectopics were quite few. The fact that most cases presented when the ectopic ruptured either slowly or acutely (84.28%) against less than 30% in developed countries [2] lends support to the short interval between presentation and surgery (Table 2).

At surgery the commonest site of ectopic was in the ampullar, but the interstitial cornu as a site was more frequently encountered than usual in 19.01% of cases, probably due to a higher incidence of chlamydia infection. Only three out of a total of 140 surgically treated cases had conservative procedure of salpingostomy and there was no medically treated case. Morbidity and mortality were essentially low due to improved availability of blood transfusion services as well as efficient postoperative care.

Since ectopic pregnancy is a gynecological condition of such high prevalence, it is necessary to devise ways and means of early detection and

Table 1
Relevant past medical history

History	n	Percentage of total patients (%)
Previous induced abortion	21	14.79
Pelvic inflammatory diseases	18	12.68
Previous abdominal/pelvic surgery/cesarean section	15	10.57
Previous spontaneous abortion	11	7.75
Previous ectopic pregnancy	9	6.34
Contraceptive practice (IUCD only)	8	5.64

Table 2
Interval between presentation and surgery

Days	N	Percentage of total patients (%)
< 1 day	86	60.56
1-2 days	42	29.58
3-4 days	12	8.45
> 4 days	142	100

treatment by providing adequate materials and technical know how, as well as general measures that will ensure early presentation in hospital apart from measures that will prevent the condition in the long run. An improved family life education, including sex education, counseling against sexually transmitted diseases, family planning and public enlightenment to encourage pregnant women present in hospital at the slightest discomfort in early pregnancy is also desirable.

References

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