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UNIVERSITY

ECTOPIC PREGNANCY; INCIDENCE AND ITS COMMON CHARACTERISTICS AMONG WOMEN ADMITTED IN EMERGENCY GYNECOLOGICAL WARD AT MULAGO HOSPITAL, KAMPALA.

by

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ABSTRACT

Introduction: There has been a global trend increase in Ectopic pregnancy rate over the past decade with Uganda not an exception (Ola ER et al 1999). This is due to changes in distribution patterns of the various known risk factor for ectopic pregnancy like PID, STIs, smoking, previous ectopic pregnancy, abortions etc and in the improvement of diagnostic techniques for ectopic pregnancy in developed countries (Chang et al 2003). However, knowledge on the distribution pattern of these factors in Africa particularly Mulago is limited thus a need for a descriptive study to generate information and hypotheses for further research in this area.

Objectives: To determine the incidence of ectopic pregnancy at Mulago Hospital and investigate and describe characteristics among women admitted with ectopic pregnancy at Mulago Hospital so as to generate information and hypotheses for further future studies.

Methods: This was a hospital based case series study among women with ectopic pregnancy at Mulago National Referral Hospital in the department of Obs & gyn over a period of 2 months. A total of 88 patients were enrolled after meeting the eligibility criteria and consenting to participate in the study. Data was collected using a face to face interview administered questionnaire by principal investigator/research assistant, by review of patients' medical records or delivery and theatre registers and other hospital records. Approval was obtained from school of medicine research and ethics committee to conduct study.

Results: Incidence of ectopic pregnancy at Mulago Hospital was 19.0 per 1000 deliveries (1.9%). Mean age was 26 yr with SD \pm 1.3. Majority was in age group 25-29 (40%), married (66%) and had acquired basic education (84%). Tubal ectopic pregnancy was the predominant form (92%) with majority being right sided ampullary type (54%) followed by Fimbrial (20%), isthmal (10%), corneal (5%), abdominal (5%), cervical (3%) and heterotopic (2). Eighty six

percent had had prior conception with 72% having a mean parity of 2 children. Mean number of abortions, 1.3 (SD± 1.41), majority (62.5%) having only 1 abortion and 37% with ≥ 2 abortions. Majority (43%) of patients had a short inter-pregnancy interval of ≤ 2 yr from last pregnancy (Exponential drop pattern). Nearly 70% had age of 1st sex between 15-19 yr with only 2% between 25-29 years. More than a half (57%) treated for an STI/STD. Only 36% had used at least one contraceptive method though use in majority of was inconsistent with high discontinuation rates. Main family planning method was Injectaplan (DMPA), with IUDs as only non-user dependant method and none used subdural implants! Only 3% had had prior pelvic or abdominal operations and only 6% smoked cigarettes or pipes or any other substance of abuse.

Discussion and conclusion: Study showed an incidence of ectopic pregnancy of 1.9% an increase from previous rates, with a reversal in isthmal/ fimbrial ectopic pregnancy patterns. Need to investigate the high incidence of ectopic pregnancy among the married group. The early age of 1st sex, relatively high parity of 2 at mean age of 26yr and majority with history of at least 1 previous abortion and high STI rates call for investigations whether there is a shift in balance of puerperal infections and gonococcal / chamydial infections as etiologies in PID. Analytical studies needed to assess whether short inter-pregnancy interval, non- contraceptive use or irrational contraceptive use are risk factors for ectopic pregnancy and whether the absence of subdermal implant use in this study was suggestive of a protective effect or an extremely low CPR for this method.