Stanford HEALTH CARE

Ectopic Pregnancy

Ectopic (extrauterine) pregnancy is a very serious complication of pregnancy which occurs in about 2% of pregnancies. The most common site of the ectopic pregnancy is in the fallopian tube (98%). Other sites include the ovary, cervix and abdominal cavity. The most common risk factors include tubal infection, prior tubal surgery, history of infertility and endometriosis.

Symptoms of a tubal pregnancy include an abnormal period and/or spotting in nearly all patients. Abdominal pain, cramping or one sided low abdominal pain may not occur until the tube is about to rupture. When the abdomen fills with blood the patient will have bloating, shoulder pain, dizziness, faintness and nausea.

Early diagnosis is of extreme importance to prevent a ruptured tube. Very sensitive pregnancy hormone levels (QHCG) and vaginal ultrasounds have improved early diagnosis of ectopic pregnancy. QHCG levels tend to double every three days. This is called a normal rise. If these levels do not rise appropriately it may indicate an abnormal pregnancy in the uterus or an ectopic pregnancy. When the HCG levels reach 1500-2000 and the patient is 5 ½ weeks from her last menstrual period, a vaginal ultrasound should detect a sac forming in the uterus. If the sac is absent a tubal pregnancy should be suspected.

The treatment of a ruptured tubal pregnancy with blood in the abdomen is surgery. The decision to do a laparoscopy or an open abdominal procedure will be made by your surgeon. Occasionally the tube or part of the tube needs to be removed.

Early diagnosed unruptured pregnancies may now be treated medically. The drug most commonly used is methotrexate (MTX). This is a chemotherapy drug, but has few risks and side effects when used in low doses to treat tubal pregnancy. The dose will be calculated by your doctor and will be “called in” to a pharmacy. You will pick up the medicine and return to the office where the nurse will administer the injection. Blood work before the injection will be repeated weekly until the QHCG levels are normal. It is rare a second dose of MTX is needed.

Patients may attempt another pregnancy if desired when the HCG is zero.