

ECTOPIC PREGNANCY

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Introduction. Ectopic/extrauterine tubal pregnancies are a complication of pregnancy where the embryo attaches outside the myometrium, on any site on either of the fallopian tubes. Having a prevalence of 2%, these pregnancies are accompanied by varying risk factors and has non specific symptoms. The following case series, studies a set of patients belonging to different age groups, who had previous tubal pregnancies and their treatment methods [1, 2].

Aim of the study. The purpose of this article was to enhance the understanding of incidence of ectopic pregnancy among normal pregnancies.

Materials and methods. This case series was done in the University First Aid Hospital, Gynaecology Department. The data for this case series was collected from 51 patients who were diagnosed to have a past ectopic pregnancy. The average age category of the presented patients was between late 20s to late 30s except for very few patients. The data was collected mainly through achieved databases and from previous medical records which were available in the hospital. The data was only obtained in the hospital premises together with the supervisor. The article is presented completely anonymously and no confidential information of the patients were stated.

Results and discussion. The case series was performed of 51 patient. We recorded 51 patient's analysis and it was revealed that women with age ≤ 30 are 52.9%, women with age < 30 are 47%, women with ectopic pregnancy in their 1st pregnancy: 13.7%, 2nd pregnancy: 45.09%, 3rd pregnancy: 33.33%, previous pregnancy not recorded: 7.88% from which we found out recurrence rate out of 51 patients: 13.72%, abortion: 15.68%, miscarriage: 15.68%, 1 patient got miscarriage because of ectopic pregnancy: 1.96%. We took the prominent complaints and found most prominent complaints: patient's present with pain: 88.24% patient's without pain: 11.76% spotting present: 74.5%, one patient presented only with spotting: 1.96%, culdocentesis performed results were :hemorrhagic: 25.49% mixed: 43.13% not recorded: 31.38%, haemoglobin: normal: 25.49%, mild anemia: 39%, moderate anemia: 1.96%, not recorded: 21.56%, menstrual cycle: irregular : 22.44% , regular : 77.56%, beta -HCG level on admission: < 100 : 16.66%, 101-500: 33.33%, 501-1500: 20.83%, > 1500 : 29.18%, we checked HCG levels within 5 days: increment: 83.34%, decrement: 16.66%, treatment: previously operated as tubectomy: 17.64%, now operated tubotubal anastomosis: 100%. We recorded that young patients were diagnosed with ectopic pregnancy and beta -HCG level is the gold standard method for diagnosis of EP.

Conclusion. According to the recorded data, patients who got ectopic pregnancy are below 30 years and most of them have suffered from ectopic pregnancy in their 2nd pregnancy, mostly due to a complication of 1st pregnancy. As most of patients were young, resection of fallopian tube with end to end tubal anastomosis was performed to preserve the fertility.

ЛИТЕРАТУРА

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PROSPECTIVE STUDY OF COMPARISON OF PLASMA HOMOCYSTEINE AND ENDOTHELIN-1 LEVELS OF DIABETIC ATHEROSCLEROTIC PATIENTS AFTER OPEN SURGICAL VS ENDOVASCULAR REVASCULARIZATION IN BOTH PRE-OPERATIVE AND POST-OPERATIVE PHASES

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Introduction. Atherosclerosis is a multistage process that contributes to cardiovascular disease associated with high rates of morbidity and mortality worldwide. An estimated 6-7% of the world population are affected by Diabetes Mellitus (DM) and most deaths in this group are caused by atherosclerosis. Infact, DM accelerates the rate of development of atherosclerosis [1]. DM also increases the risk of lower-extremity amputation in atherosclerotic patients [2]. Among various modifiable or non-modifiable risk factors such as age, ethnicity, smoking, diet, exercise, therapy, treatment adherence etc. it becomes increasingly difficult to assess the course of treatment of these patients using lipid and glycaemic profiles alone. There is a need for reliable evaluation of prognosis that can be applied universally for patients undergoing vascular surgery treatment, as well as to compare the types of vascular surgery with the more favourable response. In recent years a few prognostic