

EFFORTS TO DETECT AND HANDLE OF INTERRUPTED ECTOPIC PREGNANCY

Farida Ariyani^{1*}, Yulia Arifin²

¹D.III Midwifery Study Program, STIKes MERCUBAKTIJAYA Padang, Surau Gadang, Nanggalo, Padang, West Sumatra 25173

²Undergraduate Midwifery Study Program, STIKes MERCUBAKTIJAYA Padang, Surau Gadang, Nanggalo, Padang, West Sumatra 25173, Indonesia

*dzakwan.sayang@gmail.com

ABSTRACT

Ectopic pregnancy is a complication due to fetal growth and implantation not in the endometrium in the uterine cavity. This will be heavy if the condition becomes disrupted and pregnancy has abortion. The incidence of ectopic pregnancy is disturbed about 1% -2% of all pregnancies. However, abortion from ectopic pregnancy causes emergencies for the mother even to experience death. Disrupted ectopic pregnancy is the main cause of death in the first trimester of pregnancy. This research was conducted on 3 pregnant women who experienced a disturbed ectopic pregnancy. To detect risk factors and management of the event of disturbed ectopic pregnancy in pregnant women. This type of research is descriptive with a case study approach. Results: The results of this study were found that, first pregnancy in old age, respondents had a history of obstetric gravida 1-2, had a history of cysts, using IUD contraception, Caesaria section labour. The patient's condition can end well, although in an effort to make referral decisions experiencing obstacles from the family at first. Conclusion: Appropriate detection and treatment of emergency conditions can reduce unexpected prognosis from the complications experienced by the patient.

Keywords: ectopic pregnancy; risk factors; complications detection

INTRODUCTION

Ectopic pregnancy is a pregnancy with complications. Implantation of blastocysts should occur in the endometrium of the uterine cavity, but in ectopic pregnancy occurs outside the endometrium cavity uteri (Samani et al., 2022) (Gerama et al., 2021). This implantation disorder occurs most in the fallopian tubes (98% of ectopic pregnancy) (Imshiria et al., 2022) (B et al., 2021). This is supported by the tubal section which is the placement of ovum that has undergone ovulation and also the tubal structure that narrows in the tuba istmush (Hendriks et al., 2020). This ectopic pregnancy will result in morbidity and even mortality in pregnant women in the event of an abortion or rupture of the implantation. Aburtus in ectopic pregnancy is a large potential (Luh et al., 2022).

The incidence of ectopic pregnancy is around 1% -2% of the whole pregnancy, and 2-5% in pregnancy with medical technology. Ectopic pregnancy generally ends with an abortion or rupture of the implantation site (15%-20%) (Imshiria et al., 2022). This incident as a result of fetal growth that is not in accordance with the capacity of the implantation. Abortion or rupture and bleeding due to ectopic pregnancy is an obstetric emergency. The mouth can result in the death of pregnant women, which is a contributor to the maternal mortality of 4-10% in the first trimester of pregnancy (Widiasari & Lestari, 2021). The amount of maternal mortality due to ectopic pregnancy is disrupted as a consequence of the lack of early detection and proper treatment of ectopic pregnancy (B et al., 2021).

Most women who experience ectopic pregnancy are interrupted between 20-40 years old with an average age of 30 years. Factors that can cause ectopic pregnancy include pelvic inflammation, the

use of IUD contraception, Diethylstilbestrol exposure, problems or operations in the tuba, infertile and previous ectopic pregnancy history (Aling et al., 2014) (Gashi et al., 2021). Damage to the tube, infection in the fallopian tubes and surgery in the fallopian tubes are a problem in the fallopian tubes that can increase the risk of disturbed ectopic pregnancy. Infertility increases ectopic events by 7-13 times. The previous abortion pregnancy history is also a predisposition of ectopic pregnancy. Women who have a history of pelvic and clamidya infection will increase the risk of the event of ectopic pregnancy - Diagnosis and Management in Gynaecology and Maternal Fetal Medicine (MFM) Services, 2020). Other studies also mention that ectopic pregnancy occurs in the first pregnancy at older age and in multigravida (Hendriks et al., 2020) (Gashi et al., 2021).

Emergency in ectopic pregnancy can be avoided by early detection and proper treatment. Early recognition of symptoms experienced by the mother can alleviate the prognosis that will occur. The possibility of an ectopic pregnancy will also be minimized by screening risk factors in mothers who will get pregnant. Pregnancy that has complications of ectopic pregnancy needs to be identified and handled well by health workers. Based on this, this case study needs to be done.

METHOD

This research methodology is qualitative research. Qualitative research is research that produces and processes descriptive data, such as interview transcriptions, field notes, images, video recording photos and others. (Sugiyono, 2015). The subjects in this study are 3 pregnant women with interrupted ectopic pregnancy. Each case will be identified with its clinical symptoms and the treatment carried out in that case.

RESULTS

This study was conducted for pregnant women who experience ectopic pregnancy. Each respondent comes from different areas. The research results can be described as follows:

Table 1.

Respondent Characteristics	Respondent characteristic		
	Respondent 1	Respondent 2	Respondent 3
Age	32	28	23
Gravid	First	Second	Second
Gestational age	11-12 weeks	5-6 weeks	7-8 weeks
Labour history	-	Section Caesarea	Section Caesarea
Contraception	-	IUD	IUD
Problem of reproductive organ	Dysmenorrhoea	Cystae	Blooding in first pregnant
Smoking	-	Husband	Husband

Each patient is studied and anamnesis of identity, patient complaints, medical history and clinical symptoms experienced by the client. The first respondent was received at the Regional Hospital with complaints of abdominal pain was felt for 2 days, sudden pain in the lower abdomen, feeling piercing. Pain does not disappear by resting or replacing body position. Another complaint, blood spots come out of brownish genitalia. Patients feel very weak and cannot move as usual. The head is felt a little dizzy and the view is sometimes dizzy. The examination results obtained: Blood pressure: 90/60 mmHg, pulse: 112 x/minute, respiration: 22 x/minute, rectal temperature: 37°C, pale conjunctiva, abdominal distension and musculare defance, and tenderness in badomens.

Ultrasonographic examination results show the presence of ectopic pregnancy and there is free fluid in the abdominal cavity. Before being referred to the hospital the patient checked himself to the first level health facility. After being suspected of experiencing pregnancy complications, the patient was referred to the hospital. Handling carried out to patients is the preparation of Cito surgery. The operational action carried out was Salpingectomy Dextra due to rupture of the ismika tuba.

The second respondent is 28 years old with a second pregnancy, 6-8 weeks' gestation. The patient checked into the Puskesmas with complaints of not menstruating since one month ago, it felt severe abdominal pain suddenly, bleeding from the genitals since 15 minutes before, and felt nauseous. Measurement of vital signs obtained TD: 100/60 mmHg, pulse: 90x/minute, breathing: 24 times/minute. After the examination is carried out, it is delivered to the patient that the patient will be referred to the hospital. The family conducts deliberations to make the decision to refer. This slows down the efforts to save patients who are in emergency conditions. Health workers explain the patient's condition and finally the patient is referred to the hospital. Handling carried out on patients in the referral site is to conduct a supporting examination to establish the real diagnosis of patients. Examination carried out included complete blood tests, ultrasound examination, and other gynecological examinations. After Doagonsa is upheld, the action taken against the patient is Salpingectomy Sinistra.

The third respondent came to the hospital with complaints of blood spots out of the previous day. Complaining of lower abdominal pain, saying late for menstruation since one month ago (5-6 weeks' gestation). In the examination results obtained maternal blood pressure 120/80 mmHg, pulse: 88 x/ minute, respiration: 20 x/ minute, pale conjunctiva, hard palpable abdomen, visible blood expenditure and vaginal stelsel, ultrasonography results visible pregnancy bag outside the uterus. Management of the mother is laparotomy saltingctomy planning to issue conception results.

DISCUSSION

Ectopic pregnancy occurs if the physiology of human reproduction is abnormal. The fetus is attached or embedded and mature outside the endometrium which ultimately causes fetal death (Widiasari & Lestari, 2021). Case studies are conducted on 3 pregnant women who have a disrupted ectopic pregnancy. The patient is in different areas and different times. Studies are carried out on risk factors that predispose the occurrence of ectopic pregnancy in respondents. Data collection is carried out by studying or anmnesis, physical examination, supporting examination for diagnosis enforcement. The information or data will then be described as follows.

The course of complications of patients with ectopic pregnancy can be identified through history results. Each respondent complained about the vaginal blood of the vaginal blood at 5-11 weeks of pregnancy. Complaints of pain in the lower abdomen with abdominal distension are the most dominant sign between the three cases. The examination carried out was found to be shake pain in the portio, in the ultrasonography picture, there was a free liquid in the pelvis or in adnexa. Symptoms experienced by the three respondents are symptoms and a typical picture in disturbed ectopic pregnancy that implanted in Tuba Fallopii (Rahmadani & Sudiyati, 2017). The rupture of the implantation place occurs when the conception results have grown exceeding the capacity of the location. Tuba rupture occurs around 6-10 weeks of pregnancy and even accompanied by fetal death (Widiasari & Lestari, 2021)

Bleeding experienced by each respondent is quite different. This condition is influenced by the time of rupture of the implantation site. The greater the gestational age, the symptoms felt by the mother will be more severe. In respondents with 11-12 weeks' gestation, the pain felt was quite severe and the patient was even in a pre-shock condition. Mother's blood pressure and pulse become weak and fast. Bleeding experienced by respondents was heavier. Meanwhile, in respondents with pregnancy 5-6 and 6-7 weeks brownish bleeding and spots that come out continuously. Vital signs of respondents 2 and 3 are still at the normal tolerance limit. The respondents we learned in this case were at the age of 23-32 years. This age is a healthy reproductive age, but based on research on ectopic pregnancy, those who experience it at this age (Gomathi & Praba, 2022). Respondents who were at the age of 32 were women who were first pregnant at a very mature age of the function of her reproductive organs. Several studies have suggested that the event of higher ectopic pregnancy occurs in women from the age range of 20-40 years. Increasing age can increase the incidence of ectopic pregnancy 4 times greater. Increased age results in a decrease in the activity of myoelectric tuba (Asyima, 2018).

Analysis of Predisposing Factors The occurrence of ectopic pregnancy in this case study among others; Primigravida with age during pregnancy has been 32 years old. Respondents have a history of dysmenorrhea during menstruation. In addition, respondents also married and were pregnant at an old age. Hormonal conditions that have never adapted to changes in pregnancy and decreased function due to degenerative have occurred at this age. With the case, the motility of the tuba became disrupted, so that the decline in myoelectric tuba was unable to encourage the results of the conception to continue to go to the uterine cavity (Asyima, 2018) (Triana, 2019).

Another factor that causes respondents to experience an ectopic pregnancy is the history of labor caesaria for the 2nd and 3rd respondents. In addition they also use IUD contraception (Intra Uterine Device). Poor obstetric history is also owned by respondents. Respondents have a history of bleeding in the first pregnancy. Respondents also have a history of cysts on the uterus. Surgical measures or use of contraceptives in the womb can cause damage to the tubal cilia (Devi et al., 2022). The effect of inflammatory reactions or uterine surgery makes the tubes decrease in activity. The blastocyst that was formed was not pushed leaving the tuba, instead underwent implantation and developed in the fallopian tubes. Limited tubal capacity results in rupture of the tissue due to the growing fetus (Gennaro et al., 2022). Identification of symptoms with a more specific assessment can help the right initial treatment of ectopic pregnancy. Follow-up to the ectopic pregnancy abortion or disturbed ectopic pregnancy treatment is the act of surgery and treatment with medicalization. Of course the handling is carried out at health service facilities that have operating facilities. Handling of ectopic pregnancy cases is disrupted in Salpingectomy. Postoperatively given treatment by medicalization

CONCLUSION

The most common ectopic pregnancy is a tubal pregnancy. The specific symptoms are bleeding accompanied by lower abdominal pain with abdominal distension. The most specific symptoms are portio rocking pain and free fluid in the pelvic cavity. Proper history taking and treatment will prevent maternal mortality due to interrupted ectopic pregnancy.

REFERENCES

- Aling, D. M. R., Kaeng, J. J., & Wantania, J. (2014). Hubungan Penggunaan Kontrasepsi Dengan Kejadian Kehamilan Ektopik Terganggu di BLU RSUP PROF . DR . R . D . *Jurnal E-Clinic (ECI)*, 2(November).
- Asyima. (2018). Hubungan Paritas dan Umur Ibu Terhadap Kejadian Kehamilan Ektopik Terganggu (KET) di RSUD Syekh Yusuf Gowa Tahun 2018. *Jurnal Kesehatan Delima Pelamonia*, 2(2).
- B, S., S, S., & K, P. (2021). A Clinical Study of Ectopic Pregnancy. *IMedPub Journals, January 2017*, 3–6.
- Devi, T. R., Ramarajan, A., & Harini, T. (2022). *Medical management of Ectopic Pregnancy and Fertility Outcome*. 2(1), 16–23.
- Ectopic pregnancy and miscarriage : diagnosis and initial management. (2021). *National Institute for Helath and Care Excellence, November 2021*.
- Gashi, A. M., Elshani, B., Latifi, H., Sopa, G., Ismajli, J., Sherifi, A., Obstetrics, C., & Faculty, K. (2021). Ectopic Pregnancy - an 8-years survey. *GinPolMedProject*, 1–4.
- Gennaro, D. Di, Damiani, G. R., Muzzupapa, G., Stomati, M., Cicinelli, R., Gaetani, M., Schonauer, L. M., Naro, E. Di, Trojano, G., & Cicinelli, E. (2022). *Ectopic Pregnancy : An Overview*. 49(12), 1–6.
- Gerema, U., Alemayehu, T., Chane, G., Desta, D., & Diriba, A. (2021). *Determinants of ectopic pregnancy among pregnant women attending referral hospitals in southwestern part of Oromia regional state , Southwest Ethiopia : a multi- center case control study*. 7, 1–8.
- Gomathi, V., & Praba, K. S. (2022). *Study Of Factors , Clinical Presentation And Management Of Ectopic Pregnancy At A Rural Tertiary Care*. 161–165.
<https://doi.org/10.47009/jamp.2022.4.5.35>
- Hendriks, E., Medical, M., & Arbor, A. (2020). *Ectopic Pregnancy : Diagnosis and Management*. 599–606.
- Imshiria, N., Katica, V., Imshiria, L., Hodzic, A. V., & Galijasevic, N. (2022). Reviews & Reports Bilateral Tubal Pregnancy Complicated by Rupture of the Left Fallopian Tube. *Journal of Gynecology Research Reviews & Reports*, 4(4), 1–3.
- Luh, N., Aravianti, S., Widhi, M., Darmapatni, G., & Somoyani, N. K. (2022). *Gambaran Kejadian Kehamilan Ektopik Terganggu*. 9(1), 1–13.
- Rahmadani, S., & Sudiyati. (2017). *Bahan Ajar Kebidanan Praktik KLinik Kebidanan I*. Kemenkes RI.
- Samani, E. N., Henderson, M. M., Sanjaghsaz, H., & Nichols, R. (2022). *Ectopic Pregnancy in an Adolescent : A Case Report and Review of Literature*. 14(12), 48–51.
<https://doi.org/10.7759/cureus.32220>

Sugiyono. (2015). *Metode Penelitian Kuantitatif dan Kualitatif dan R&D*. Bandung: Alfabeta.

Triana, A. (2019). Hubungan Umur dan Paritas Ibu Hamil dengan Kejadian Kehamilan Ektopik Terganggu di RSUD Arifin Achmad Pekanbaru. *Al-Insyirah Midwifery Jurnal Ilmu Kebidanan (Journal of Midwifery Sciences)*, 8, 1–5.

Ectopic Pregnancy - Diagnosis and Management in Gynaecology and Maternal Fetal Medicine (MFM) Services, 1 (2020).

Widiasari, K. R., & Lestari, N. M. sri D. (2021). Kehamilan ektopik. *Ganesha Medicina Journal*, 1(1), 20–27.