

## **21. MANAGEMENT OF THE ECTOPIC PREGNANCY**

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**Introduction**. Ectopic pregnancy continues to be an important cause of maternal morbidity and mortality of the first trimester of pregnancy world-wide. The primary objective in the management of EP is that the treatment used is safe i.e. that it avoids maternal death and minimises morbidity, either from the complications of EP or from the complications of treatment. Whilst EP remains an important cause of maternal death, it is an uncommon complication, and most women who are faced with EP will be more concerned with the associated morbidity. Various congenital and acquired risk factors had be related to this condition Classical triad still to be an important tool for clinical diagnosis in patients in reproductive age but it should be completed with serum β-hCG levels and ultrasonography, ultrasonography consider being the best tool for investigation because it's safe, fast, low cost, available and has a high sensitivity to detect the ectopic, now days the improvement in diagnosis techniques leads to increase of cases are detected, however the development of new theories and approaches of treatment are decrease significant the mortality rate. Ectopic pregnancy is associated with reduced subsequent fertility, recurrence of EP in the future and persistence of EP after treatment. The morbidity associated with the method of treatment must also be considered.

Aim of study. The diagnosis, assessment and management of women with ectopic pregnancy.

**Methods and materials.** This publication brings more review data and the results of a clinical study that was based on the analysis of clinical and anamnestic data of 173 women with ectopic pregnancy who were enrolled in the Municipal Hospital "Gheorghe Paladi" in 2021.

**Results**. The incidence of ectopic pregnancy was observed to make up 2.71% in the period of 2021. A total of 173 ectopic pregnancies were followed in our clinic during the last 1 year. The highest rate of ectopic pregnancy was at 30-35 years and constituted 93 of the women out of 173. We found 38 cases of recurrence EP in our study which represent 21.97% in ratio. It's important that women who had a previous EP to be instructed to have an early scan when they next become pregnant, even when they are asymptomatic. We analysed different risk factor for EP and found that 38 patients have previous EP representing 21.97%, also 32 patients have spontaneous apportion they representing 18.49%, in addition 29 patients have medication induced apportion they represent 16.76%, also 15 patient had cesarean operation in the past and they represent 8.67%, where 10 patients have undergo appendectomy which represent 5.78%, in addition to other risk factors mentioned in the graph. Notably some patients.

**Conclusion**. As EP has a significant associated mortality and morbidity, it is good that more EPs are detected as early as possible. Better diagnostic tools lead to an increase in the number of EPs detected. Changes in sexual behavior patterns - such as more sexual partners - mean that you are more likely to be exposed to sexually transmitted infections and to be able to develop pelvic lesions as a result of this exposure before conception. Changes in reproductive practices, both the introduction of assisted conception techniques and the use of contraceptives that reduce the incidence of intrauterine but not extrauterine pregnancies have an impact on the number of pregnancies that are implanted outside the endometrial cavity. However, if increased detection leads to an increase in therapeutic procedures in women who did not know beforehand that they have an PE which, in turn, is associated with morbidity and mortality, this is not desirable. Reducing mortality and morbidity associated with PE. Raising awareness of the pelvic.