

8. ECTOPIC PREGNANCY - PARTICULARITIES OF METHOTREXATE TREATMENT COMBINED WITH MIFEPRISTONE

Author: Belinschi Alexandru

Scientific adviser: Mihail Surguci, MD, Associate Professor, Discipline of Obstetrics, Gynecology and Human Reproduction, Department of Obstetrics and Gynecology, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova.

Introduction. Ectopic pregnancy is still a cause of maternal mortality, despite modern methods of diagnosis and treatment. As a result of the analysis of bibliographic sources, it was established that the frequency of ectopic pregnancy is 12 to 14 per 1000 pregnancies. Other authors report an incidence of ectopic pregnancy of 23.1 / 1000 births. Solutions for a treatment, in the case of tubal and cervical ectopic pregnancies, include: careful observations, monitorization, laparoscopy, laparotomy and specific medication. The choice between these solutions depends on each doctor's level of ability and the urgency of the medical act.

Aim of study. Currently, there are 3 therapeutic opportunities in definitely diagnosed ectopic pregnancy: surgical (laparoscopy or laparotomy), expectation and medication options. A new method, recently promoted in the world, is medical abortion, which offers an effective and safe treatment option for women who want to avoid surgical evacuation of pregnancy. The richest experience in the conservative treatment of ectopic pregnancies has been gained through the use of methotrexate, which is used as a cytostatic in the treatment of proliferative trophoblastic processes. In the case of cervical ectopic pregnancy, early clinical diagnosis of cervical pregnancy can be difficult. In most cases, the specific sign of cervical ectopic pregnancy is massive hemorrhage, which poses a danger not only to the health but also to the life of the patient.

Methods and materials. There were used following materials and methods: literature review in the area; secondary data analysis, results of randomized clinical trials and baseline observational studies, According to the National Clinical Protocol "Ectopic Pregnancy" as well as the provisions of the Protocol "Grossesse extra-uterine" developed by CNGOF, Fernandez and Elito scores data analysis.

Results. In the case of cervical ectopic pregnancy, early clinical diagnosis of cervical pregnancy can be difficult. In most cases, the specific sign of cervical ectopic pregnancy is massive hemorrhage, which is a danger not only to the health but also to the life of the patient. The success of drug treatment with methotrexate and mifepristone in ectopic pregnancy (tubal, cervical) avoids the risk of surgery and at the same time does not affect fertility. Drug treatment with methotrexate and mifepristone is not always effective, but its low cost and favorable prognosis on the quality of life of patients makes this therapeutic option perfectly argued at the current stage.

Conclusion. Tubal ectopic pregnancy subjected to drug treatment with methotrexate in this study represents 6.53% of the total number of tubal ectopic pregnancies recorded in 2010-2016. The most important risk factors for the development of ectopic tubal pregnancy are: ectopic pregnancies in the anamnesis (34.5%), gynecological / obstetric surgeries (27.3%), the age of the pregnant woman > 35 years (27%); chronic smoking (10%). The premordial indications of methotrexate in the treatment of tubal ectopic pregnancy are: hemodynamically stable patient (6.53%); minimal symptoms (abdominal pain - 74.5%, leukorrhea - 67.3%, asthenia - 21.8%); lack of fetal cardiac activity at USG (70.9%); maximum fetal egg diameter <3.0-3.5 cm (100%), serum β -hCG level > 2000 IU / L (60%). Methotrexate treatment is contraindicated in tubal ectopic pregnancy with fetal cardiac activity visible in the USG due to the risk of failure and complications that may occur. The success rate of methotrexate drug treatment in tubal SE is over 80% of cases. The 50mg / m² single dose treatment regimen is most appropriate given the minimal side effects. The success of drug treatment with methotrexate in ectopic tubal pregnancy avoids the risk of surgery and at the same time does not affect fertility. Drug treatment with methotrexate is not always effective, but its low cost and favorable prognosis on the quality of life of patients makes this therapeutic option perfectly argued at the current stage. Early clinical diagnosis of cervical pregnancy can be difficult. Despite the fact that ultrasound has become commonplace, it is not always possible to establish the correct diagnosis before surgery. Given that cervical pregnancy is very rare, there is still no consensus on the best treatment and no recommendations for good practice.