- An ectopic pregnancy is a fertilized ovum which implants outside the lining of the uterus.

**Aetiology**
- Risk factors for ectopic pregnancy include:
  - History of tubal ligation
  - History of ectopic pregnancy
  - Prior tubal infection
  - Fallopian and endometrial anomalies
  - Fertility drugs
  - Endometriosis
  - IUCDs

- NB: 50% of patients with proven ectopic pregnancy have no risk factors.

- Rate of coexistent intrauterine & ectopic pregnancy is about 1/5000 in patients not on fertility treatment.

**Investigation**
- Most important test is a transvaginal pelvic USS.
  - If hCG is <1200 an IUP is seen on only 20% of scans.
  - If hCG is >1200 and there is no IUP seen this is very good evidence of an ectopic pregnancy.
  - Serial hCG is useful in patients with non-diagnostic scans.

- Normal increase in hCG in the 1st trimester is 1.66Xs every two days. 20% of normal pregnancies do not show this rise & 20% of ectopics show this rise.

- Treat patients with haemorrhagic shock or peritonitis with fluid resuscitation & transfer to theatre.

**Symptoms**
- Most people with ectopic (97%) present with abdominal or pelvic pain.

- Important things from the history are:
  1. Presence & amount of PV bleeding (occurs in 80%)
  2. Location of pain
  3. Risk factors for ectopic pregnancy
  4. LMP
  5. Shoulder pain (suggests large amount of peritoneal blood)
  6. Faintness

**Signs**
- Most important part of the examination is the pelvic. Look for:
  1. Adnexal tenderness & masses
  2. State of cervix & material passing through it (large amount of blood is inconsistent with ectopic pregnancy)

- Listen for fetal heart tones (they are almost never heard in ectopic).

**Treatment**
- Treatment options are:
  1. Surgery. Used for:
     - Unstable patients
     - Large ectopics
     - Patients with peritonitis
  2. Methotrexate. Used for:
     - No peritonitis
     - Ectopic <3.5cm
     - No free fluid on USS
     - Ability to closely monitor as an outpatient

- Perform a pregnancy test (a negative urine test essentially excludes ectopic pregnancy - it has a negative predictive value of 99%).

- Perform blood tests for:
  - Exclusion of other causes of abdominal pain
  - Rhesus status

- Perform MSU.

- Most important part of the examination is the pelvic. Look for:
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- Listen for fetal heart tones (they are almost never heard in ectopic).