

Pregnancy after Ectopic Pregnancy: A Mini Review

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Review Article

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ABSTRACT

Ectopic pregnancy occurs when a fertilised egg implants outside the uterine cavity (Fallopian tube, cervix etc.). Now a day's ectopic pregnancies are more common and around 70% women's are giving birth to healthy babies after their first ectopic pregnancy. Ectopic pregnancy can be diagnosis by series of ultrasound scanning and serial β -hCG test (β -human chorionic gonadotropin). And this medical condition can be treated by either medically (methotrexate injection) or surgically (Laparoscopy).

Introduction

Ectopic pregnancy occurs at a rate of about 1-2% of pregnancies and can occur in any sexually active woman of reproductive age. During the past 40 years incidence rate has been increasing with increased STD rates and salpingitis (inflammation of the Fallopian tubes). These infections or any abnormalities of the fallopian tubes restrict the fertilized egg transport to uterus. But now a day's technology helping in detecting, diagnosis and treatment the ectopic pregnancies at early stage. There is more chance to get ectopic pregnancy after first ectopic pregnancy. But 70% women's are giving birth to healthy babies after their first ectopic pregnancy [1-10].

Hysterosalpingogram is the technique which is using to increase the fertilization rate in women. Moreover it is using to detect the blockages in fallopian tubes and in removing blockages in tube to gest successful pregnancies [10-20].

HYSTEOSALPINGOGRAM (HSG)

Hysterosalpingogram is an x-ray test done to know about the potency of the fallopian tubes, which help in the transport of egg and the fertilized embryo. It is usually done on 7th or 8th day of the menstrual cycle [21-28].

Common Uses of the Procedure

Hysterosalpingography is primarily used to examine women who have difficulty becoming pregnant by allowing the radiologist to evaluate the shape and structure of the uterus, the openness of the fallopian tubes [29-35].

The procedure can be used to investigate repeated miscarriages that result from congenital or acquired abnormalities of the uterus and to determine the presence and severity of these abnormalities [36-40], like:

- Tumor masses
- Adhesions
- Uterine fibroids

Hysterosalpingography is also used to evaluate the openness of the fallopian tubes, and to monitor the effects of tubal surgery [41-46].

- Blockage of the fallopian tubes due to infection or scarring
- Tubal ligation

- The closure of the fallopian tubes in a sterilization procedure and a sterilization reversal

The re-opening of the fallopian tubes following a sterilization or disease-related blockage

Procedure and Instructions to be Followed for the Hysterosalpingogram

In this test medical practitioner/doctor will fill little amount of dye in to the uterus and fallopian tube with the help of small instrument called as “speculum”. This speculum placed in vagina and doctor will fill the dye, after completion of dye filling x-ray is taken. During this procedure patient may feel crampy pain [47-53].

To prevent this pain doctors suggests taking pain killers like meftal spas one hour before this procedure. Meftal spas should take with food and to continue it for next 2 days depending upon the pain potency [54-65].

Hysterosalpingogram delineates the uterine cavity and the tubes on the x-ray. If the tubes are open, the dye comes out of the tubes which can be seen in x-ray. If there are any blockages in fallopian tubes the dye will not flow through tubes i.e. the blockages will restrict the dye to come out from the tubes. In this case the block can be removed by the surgical process called “Laparoscopy” [56-75].

Laparoscopy

It is a surgical procedure in which an instrument of fibre-optic is inserted through the abdomen to view the organs in the abdomen for small-scale surgery.

Use of Antibiotics after Hysterosalpingogram

As Hysterosalpingogram involves pushing some dye in uterine cavity due to this there can be small risk of infection. In order to avoid this infection the doctor will advise to take antibiotics two times a day after food for five to six days [76-85].

After this test the gynecologist consultation will help you in getting better results.

Complications in Hysterosalpingogram

Hysterosalpingogram is considered a very safe procedure. But there are some complications, some serious, which occur less than 1% of the time [86-100].

Infection

The most common serious problem with HSG is pelvic infection. This usually occurs when a woman has had previous tubal disease. In rare cases, infection can damage the fallopian tubes.

Fainting

Rarely, the woman may get sever to light headed during this procedure or after the procedure.

Radiation exposure

Radiation exposure from an HSG is very low.

Iodine Allergy

Rarely, a woman may have an allergy to the dye used in HSG.

Spotting

Spotting sometimes occurs for 1-2 days after HSG. Unless instructed otherwise, a woman should notify her doctor if she experiences heavy bleeding after HSG.

CONCLUSION

Ectopic pregnancy is a medical emergency condition and incidences of Ectopic Pregnancy are increasing with treatment of infertility. And also there are chances to get normal pregnancy after first ectopic pregnancy.

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