Ectopic Pregnancy

A Matter of Life and Death

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The tall slender woman with long black hair and a big friendly smile sat on the front row of church each Sunday year after year. When her daughter became old enough to sit up, she sat there, too, by her mother and grandmother. The family was a prominent fixture on the pulp like a song book or Bible left by someone the previous week.

At 23 years old, the young mother and her husband were expecting another baby next summer. That would make the children three years apart. However, a medical nightmare interrupted their dreams. A few weeks ago, the woman bid to death. The cause: ectopic pregnancy, On Thanksgiving Day, the church members gathered to lay her to rest.

The question that remains on the minds of family, friends and acquaintances is not "why?" but "how?" How, in this age of advanced medical technology and in vitro fertilization, can a young healthy woman under the watchful care of a gynecologist bleed to death from pregnancy?

The answer: much more easily than one might imagine.

Ectopic pregnancy occurs when a developing fertilized egg attaches itself outside of the uterus - on a bow, the surface of an ovary, or, the most common area, in a fallopian tube, according to Dr. Richard Bass, a fellow of the American College of Obstetricians and Gynecologists. He is staff at Women's and Children's Hospital.

Last year, physicians reported a little over 50,000 ectopic pregnancies in the United States. Of that number, nearly one per thousand resulted in death. The mortality rate has decreased in recent years, the doctor said. However, the elimination of death from misplaced pregnancy remains elusive.

"When I was in training the number was about 10 per thousand. That was about 20 years ago," Bass told The Advertiser. "I think we have a lot better diagnostic tools and laboratory tests now, specifically ultrasound and the ability to measure pregnancy hormone.

One of the most common symptoms of ectopic pregnancy is discomfort. Internal bleeding causes pain on both sides of the abdomen, as well as referred pain under the shoulder blades, according to Bass. Also, a hormone reaction can cause the woman to notice some spotting of blood vaginally. There can also be symptoms of nausea, diarrhea and dizziness.

"If someone has these symptoms, they need to encourage the doctor to measure the level of hormone, get an ultrasound and follow up every two days until it is determined," Bass said.

In testing the HCG pregnancy hormone, doctors look for a doubling every two to three days, Bass continued. If the woman tests positive for pregnancy but does not have the desired doubling of the hormone, a doctor in a gynecologist should suspect ectopic pregnancy. An ultrasound often shows if the fertilized egg has implanted in the uterus -- if not, it should be cause for concern.

Bass urges persons suspecting ectopic pregnancy to help take control of situation and be aware of the seriousness. "I think think deaths could be avoided," he said. "There is a decline because women take charge more. The more questions asked the better. Patients are more aggressive now with their physicians."

If the fallopian tube has not ruptured, 80 percent of the ectopic pregnancies can be treated with a laparoscopy, Bass said. This is a surgical procedure in which a slender, light-transmitting telescope, the laparoscope, is used to view the pelvic organs.

Pregnancy in the fallopian tube can occur in three main areas: the end, the middle or the beginning. The narrow isthmus area of the tube, on the inside, is not much larger than a strand of human hair, that is, 1mm, he said. However, the size of a fertilized egg at two to three weeks pregnancy is about 5mm from the crown to the rump. If the fertilized egg grows in this narrow isthmus area, it could rupture the mesosalpingeal artery that runs on the base of the tube, right off the uterine artery, resulting in a life-threatening medical emergency.

"This sometimes puts a litter of blood into the abdomen within a half hour," Bass said. That is a crucial amount considering a person has about five liters of blood that is, about 1/4 quarts. Immediate surgery is required.

"Fifty years ago, the only thing to do was open the abdomen, evacuate the blood, remove the tube or tube and ovary, or do a hysterectomy," Bass said. However, new technology has evolved and the majority of ectopic pregnancies can be handled with a laparoscope, he added.

What causes ectopic pregnancy? Usually someone with an abnormality will have a history of previous pelvic infections, previous abdominal surgery, tubal ligation or perhaps has used an IUD, an intrauterine device for birth control.

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