key points

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Ectopic pregnancy is estimated to occur in 1-2% of all pregnancies and continues to be the leading cause of maternal mortality in early pregnancy. Most ectopic pregnancies are located within the fallopian tube and carry a risk of tubal rupture and intra-abdominal bleeding. Clinical diagnosis alone is inaccurate in ectopic pregnancy.

A history of a previous ectopic pregnancy is the strongest recognised risk factor, with a recurrence rate of at least 10% for women with one previous ectopic pregnancy, and 25% for those with two or more. A meta-analysis also found a strong association with previous tubal surgery, documented tubal pathology and in utero diethylstilbestrol exposure. Conception using assisted reproductive technology, smoking and age have also been found to be contributing factors. However, many women have no risk factors.

Women with ectopic pregnancy can present in a wide variety of ways, from acute collapse following rupture to asymptomatic and unaware that they are pregnant. Symptoms may include vaginal bleeding and abdominal pain. There may also be non-specific symptoms such as gastrointestinal and urinary symptoms, rectal pressure, dizziness, shoulder tip pain, fainting or syncope.

A full history should be taken and physical examination should include pulse and blood pressure, abdominal and pelvic examination. Patients may have generalised or localised abdominal tenderness, guarding or rebound. Pelvic examination may be normal but adnexal tenderness or cervical excitation is a cause for concern. However, women with ectopic pregnancy may have no abnormal findings.

Any patient who is haemodynamically unstable with signs of shock such as pallor, tachycardia or hypotension or in whom there is significant concern about degree of pain or bleeding should be transferred immediately to A&E. If the patient in whom an ectopic pregnancy is suspected is stable, then the urgency of the situation is dependent on the clinical situation. When and where the patient is referred will depend on EPU service availability and referral should usually be initiated the same day. While patients are waiting for an appointment or scan they should be advised that if they have worsening pain or develop dizziness, shoulder tip pain or any gastrointestinal symptoms, they should go to A&E immediately.

Immediate surgical treatment is advised for women if an ectopic pregnancy is suspected with any evidence of significant haemoperitoneum and/or collapse. Patients who are haemodynamically stable, can also have other treatment modality options depending on the site of the ectopic pregnancy, the symptoms, the presence of blood in the abdominal cavity and the serum hCG value.