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MEDICAL MANAGEMENT OF ECTOPIC PREGNANCIES

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Ectopic pregnancy is still the number one cause of maternal even in the developed countries like USA. The incidence is around 20% of all pregnancies the incidence of ectopic pregnancy is on the rise (6 fold increase) due to the increase in sexually transmitted diseases, PID and ART procedures.
If we can diagnose ectopic pregnancy early by the routine use of TVS & color doppler we might be able to offer a medical option to these patients and save them from surgery.
The medical option of treatment of ectopic could be local injections of anti trophoblastic drugs or systemic injections. It has to be kept in mind that to offer medical option a strict preselection criteria must be observed specially a sac size of < 3.5 cm and a _ HCG of less than 10,000 units with systemic methotrexate use as single injection or variable region the success role. In one study (n = 75 cases) was 90% as compared to Speroff 94 (95%) & Slaughter 95 (92%). A non-responsive rate and tubal rupture was seen in 3-4%. Only 3-10% pts. have shown side effects.Medical treatment is safe and very effective in property selected cases
Today a Risk approach to all antenatal and intrapartum cases in strangly advisable.

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CERVICAL PATHOLOGIES IN PREGNANCY

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Cervical cancer and its preinvasive lesions are the first and second gynecologic malignancy in developing countries. Also in these countries, the pregnancy rate is high. So, cervical pathology is the most common gynecologic malignancy in pregnant women in developing country. When we look at the statistics of developed country, we also see that cervical pathology the first and second gynecologic malignancy in obstetrics practice. Cervical preinvasive and invasive lesions are seen one per 700-2000 pregnancies. Essentially, diagnostic and therapeutic approaches of this disease are similar to non-pregnant women. The key issue is to think possibility of cervical pathology at the management of a pregnant woman and to be aware of necessity of cervical evaluation in pregnancy.
In pregnant women, preinvasive pathologies are mostly asymptomatic and cervical screening programs using vaginal cytology and colposcopy perform their diagnoses. Punch biopsy and leep excision from cervix can be made easily with insignificant complication in pregnant women, especially in first trimester. However, indication of conization is highly limited, because of the possibility of ominous hemorrhage. Treatment of these lesions may be postponed after the delivery, but at this approach, micro invasive cancer should be eliminated.
With respect to invasive cervical cancer, the firstly there seems to be no prognostic difference between patients treated in pregnancy and non-pregnant patients with the same stage of disease. That is, pregnancy is not effect prognosis of disease. During the first two trimesters the treatment is carried out along the same principles in non-pregnant patients. The patient is treated without respect to the pregnancy. In advanced pregnancy with viable a fetus, Cesarean section is carried out. Afterwards the patient is treated in the same way as a non-pregnant pregnant woman.

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ADNEXAL MASSES IN PREGNANCY

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The incidence of adnexal masses in pregnant women is 1/81-1/2500 live births. Since ultrasound examination has become a routine component of current obstetric management, nearly 1% of women have an adnexal mass diagnosed during pregnancy. Dermoid cysts are the most common adnexal masses seen in pregnancy. The second and third common ovarian tumor affected pregnant women are serous or mucinous cystadenoma and endometrioma. Also all of the functional ovarian cysts are frequently seen in this period. Malignant ovarian neoplasms account for 2-6% of all persistent adnexal masses diagnosed during pregnancy. The frequency of ovarian cancer in pregnant women is 1/18000 to 1/25000 pregnancy. Management of adnexal masses during pregnancy remains controversial. If a mass is diagnosed early in pregnancy, it is reasonable to follow it with serial pelvic ultrasound examination. Complex ovarian masses or cysts having any malignancy characteristics should be removed. The ideal time for laparotomy is between 16 and 22 weeks gestation.

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DIAGNOSTIC ULTRASOUND FOR DEVELOPING COUNTRIES

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The relevant characteristics in the developing countries are the lack of technological and organizational infrastructure, the lack of appropriate technology implementation programs as well as the lack of well-trained specialists. Some of our efforts should be redirected towards the appropriate introduction and application of medical technology in developing countries.

Ultrasound is being used at an ever increasing rate for diagnostic purposes in developing countries. However, it is also obvious that in the most parts of the world, the availability of ultrasound facilities is relatively poor or absent. On the other hand, the diagnostic problems for which ultrasound is particularly suited are closely related to the requirements of developing countries, viz. obstetrics and many parasitic diseases, and this is therefore obvious that this technology should have a higher priority in such countries. When used rationally and with appropriate technology it seems certain to become of increasing importance to developing countries where completing more expensive imaging modalities such as MRI or digital radiography cannot replace its wide scale use. Furthermore, as already mentioned the usefulness of any ultrasound appliance depends on great extent on the skill and experience of the operator. Qualified obstetricians are not available in many parts of the world and it is impossible to achieve an adequate standard by self-learning and/or reading. The study of books and stored images can help but does not replace "hands-on" experience. In particular, the affective use of an ultrasound scanner is very dependent on the skill of the operator. Therefore, training for ultrasonic diagnostic must be focused both on the sonologist themselves and on the community as a whole.

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ADVANCES IN DIAGNOSIS AND TREATMENT OF ECTOPIC PREGNANCY

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Early and reliable diagnosis of ectopic pregnancy still remains a challenge but is essential to avoid life-threating bleeding or consequent infertility. The introduction of transvaginal sonography has improved diagnostic accuracy, but using this technique in about half of ectopic pregnancies an ectopic gestational sac is not clearly visualized. Color Doppler ultrasound contributes to detection of hemodynamic changes