

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 15: Ectopic Pregnancy

Rationale: Ectopic pregnancy is a leading cause of maternal morbidity and mortality. Early diagnosis and management may prevent serious adverse outcomes, and may preserve future fertility.

Intended Learning Outcomes:

A student should be able to:

- Develop a differential diagnosis for vaginal bleeding and abdominal pain in the first trimester
- Perform a physical exam to assess for acute abdomen
- List risk factors for ectopic pregnancy
- Discuss diagnostic protocols for ectopic pregnancy
- Describe treatment options for patients with ectopic pregnancy

TEACHING CASE

CASE: A 36-year-old G1P0010 woman presents to the office with onset of light vaginal bleeding, which she feels is not her menstrual period, and mild right lower quadrant pain, which she rates as 2/10. The pain is intermittent and crampy, and is not associated with urination. There is no nausea or vomiting. The patient's last bowel movement was yesterday and was normal in consistency without blood or black color.

Note that the LNMP was not given in the clinical case to see if the students ask about this. You can tell them that the LNMP was 7 weeks ago.

Her past medical history is notable for no allergies, no medications, and two hospitalizations. The first was eight years ago for lower abdominal pain which was thought to be due to pelvic inflammatory disease and which resolved with antibiotics. The second was for a left ectopic pregnancy that required surgical removal of her left tube.

Review of systems and family history are unremarkable. Social history reveals that she is mutually monogamous with a male partner without contraception.

Physical examination shows an anxious appearing female with a temperature of 99.2 ° F, orally, a BP of 105/62, and a pulse of 95. Examination of her abdomen reveals normal bowel sounds. There are no masses, organomegaly, distention, or rebound tenderness. She has mild discomfort in the right lower quadrant. Pelvic examination reveals right

adnexal tenderness without adnexal masses. Uterus is of normal size and there is discomfort on cervical motion. The rectal exam is negative with heme negative stool.

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

- Patient Care
- Medical Knowledge
- Systems-Based Practice

1. What is the differential diagnosis for this patient? What aspects of her history and physical examination might lead you to be suspicious of an ectopic pregnancy? (*indicates signs or symptoms for teaching case)
2. What are the risk factors for ectopic pregnancy and which of these risk factors does the patient have (* indicates patient risk factors for teaching case)?
3. Where can ectopic pregnancies occur and how frequently does this happen?
4. What initial test would you order for this patient to assist you in narrowing down your diagnosis?
5. If this patient's test is positive, what tests could be helpful in making a more definitive diagnosis?
6. What options are available for the management of ectopic pregnancy?

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