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GYNAE SPECTRUM

Dear Doctor,
Greetings from Micro Labs, We are happy to bring you "Gynae Spectrum", which contains latest and interesting news in the field of Obstetrics and Gynaecology.

This issue contains:

Should you require any article or, medical information, please feel free to contact us
medicalservices@microlabs.in

Looking forward to your valuable feedback.
Best Regards,
Medical Team, Micro Labs Limited

Contraception & Ectopic pregnancy: Retrospective Cohort Study.

Ectopic pregnancy occurs in about 1.5–2% of all pregnancies. It can be potentially life threatening. Ectopic pregnancy has considerable association with postoperative morbidity. Reduced fertility in young women of reproductive age group who has had a history of Ectopic pregnancy can be a reason for emotional trauma. EP leads to increased possibility of subsequent pregnancy. About 44% of all pregnancies globally are estimated to be unintended. 25% of these unintended pregnancies occurred despite use of contraception. Thus, it is obvious that substantial proportion of EPs are due to unintended pregnancies occurring during contraceptive use. Contraceptives can prevent EP. However, pregnancies that occur during intrauterine contraceptive use may be majorly ectopic.

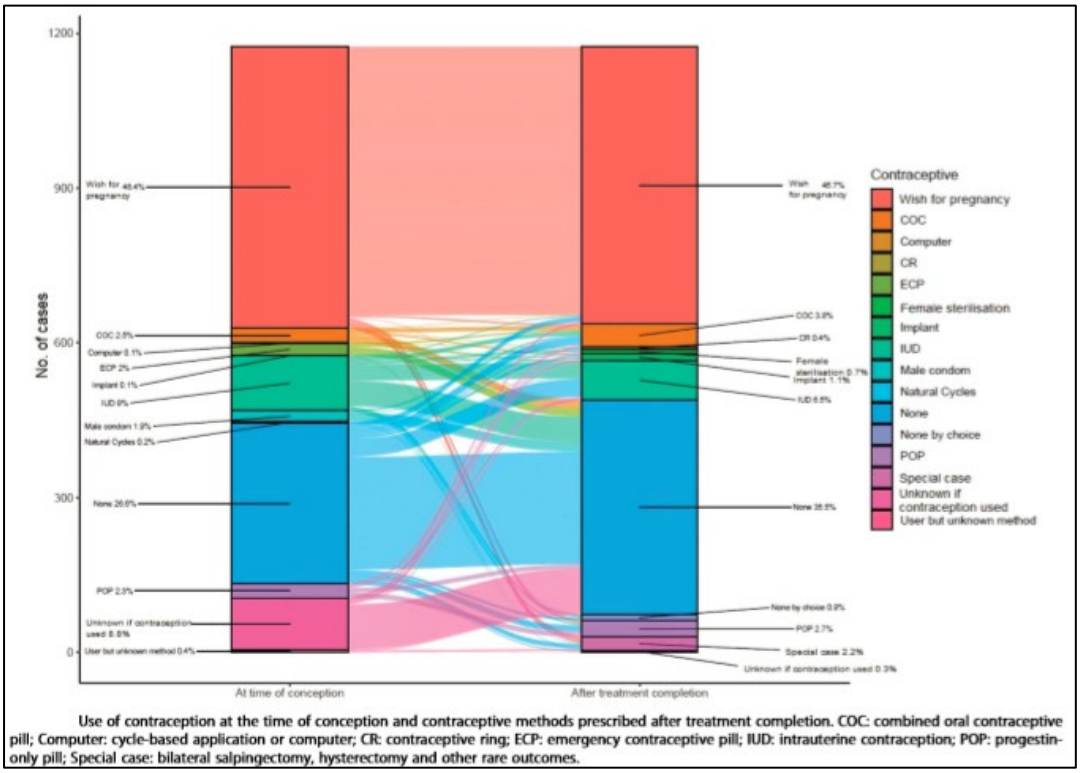
Aim:

Primary objective of study: finding out the proportion of ectopic pregnancies (EPs) that were conceived during contraceptive use.

Secondary objective of study: find the prevalence of contraceptive methods used at the time of EP and the intended.

Method:

A retrospective cohort study was performe. 1180 women were enrolled for the study. These women were diagnosed with Ectopic Pregnancy and were being treated for the same between 1 December 2013 and 30 April 2017 at various hospitals. Demographic variables and contraceptive were noted before and after the treatment for Ectopic pregnancy.



Use of contraception at the time of conception and contraceptive methods prescribed after treatment completion. COC: combined oral contraceptive pill; Computer: cycle-based application or computer; CR: contraceptive ring; ECP: emergency contraceptive pill; IUD: intrauterine contraception; POP: progestin-only pill; Special case: bilateral salpingectomy, hysterectomy and other rare outcomes.

Candidates were excluded depending on the criteria of uncertainty about the diagnosis of Ectopic Ppregnancy in their patient record.

Results:

About a total of 222 pregnancies out of 1180 enrolled, which is about 18.8% of the Ectopic Pregnancies were conceived during known contraceptive use.

About a total of 112 pregnancies out of those 222, which is about 50.5% women with known use of contraception at the time of conception had discontinued usage of contraceptive measures.

About a total of 81 pregnancies out of the rest 857 Eps, which is about 9.5% women with no prior history of use of contraception started using contraceptive.

Among the 857 women, 520 women, which is about 60.7% expressed a desire to conceive. Results were compared using the Mann–Whitney U test or Fisher's exact test as the case may be.

Conclusion:

Ectopic Pregnancies occurring during use of contraceptive measures is an unexplored issue.

Contraceptive use had evidently decreased in women who were using contraceptive measures at the time of Ectopic conception.

This decrease in usage of contraception amounted to these women having an increased risk of a subsequent unintended pregnancy.

Thus, as to preserve fertility, usage of contraception following the incidence of an Ectopic pregnancy should be at the focus.

Ref: Nordström F. et al. The European Journal of Contraception & Reproductive Health Care. 2020 Feb 19:1-4.

IN FOCUS

Chronic Pelvic Pain: New Guidelines

A new Practice Bulletin has been released from the American College of Obstetricians and Gynecologists (ACOG). This new practice bulletin provides guidelines on chronic pelvic pain (CPP).

Chronic Pelvic Pain is defined as symptoms perceived as originating from pelvic organs or structures, and lasting more than 6 months.

It is a common condition seen in women. Chronic Pelvic Pain is commonly associated with symptoms such as bladder-bowel or pelvic floor dysfunction. It can even lead to

Behavioural, emotional and sexual issues.

Patients who present with Chronic Pelvic Pain, might also be found to be suffering from non-gynecologic causes of pain. These non-gynecologic causes may be irritable bowel syndrome, interstitial cystitis, pelvic floor tenderness, and mood disorders.
Patients with CPP may have pain in response to innocuous stimuli and experience an increased response to painful stimuli.

In CPP management

- **When taking medical history and conducting physical exam, focus should be directed on abdominal and pelvic neuromuscular and skeletal findings.**
- **When dyspareunia is a presenting symptom, patient should be referred for pelvic floor physical therapy, cognitive-behavioral therapy, and sex therapy.**
- **Serotonin-norepinephrine reuptake inhibitors and gabapentinoids may be helpful.**
- **Opioids administration for CPP is not recommended.**
- **Patient may be referred for pain management to pain specialist.**
- **CPP and dyspareunia is more common amongst women who have history of abuse, mental illness.**
- **Professional counselling might be needed.**
- **It is of supreme importance to make patients understand that referral to mental health services does not mean that the pain is psychosomatic.**

Chronic pelvic pain. ACOG Practice Bulletin No. 218. American College of Obstetricians and Gynecologists. Obstet Gynecol 2020;135:e98–109.