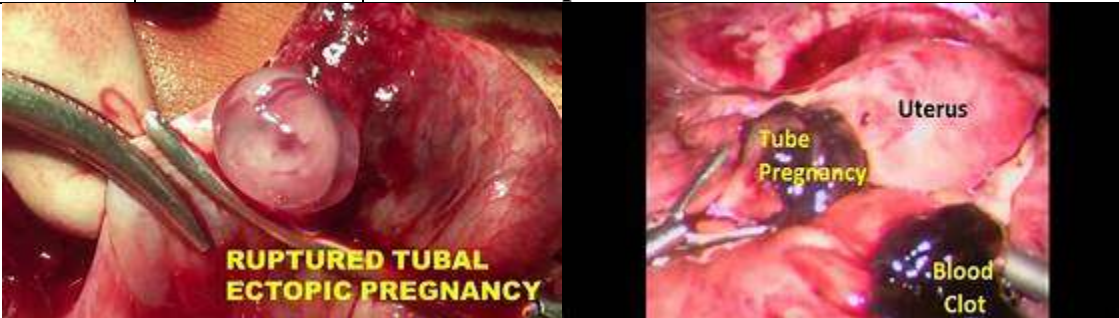
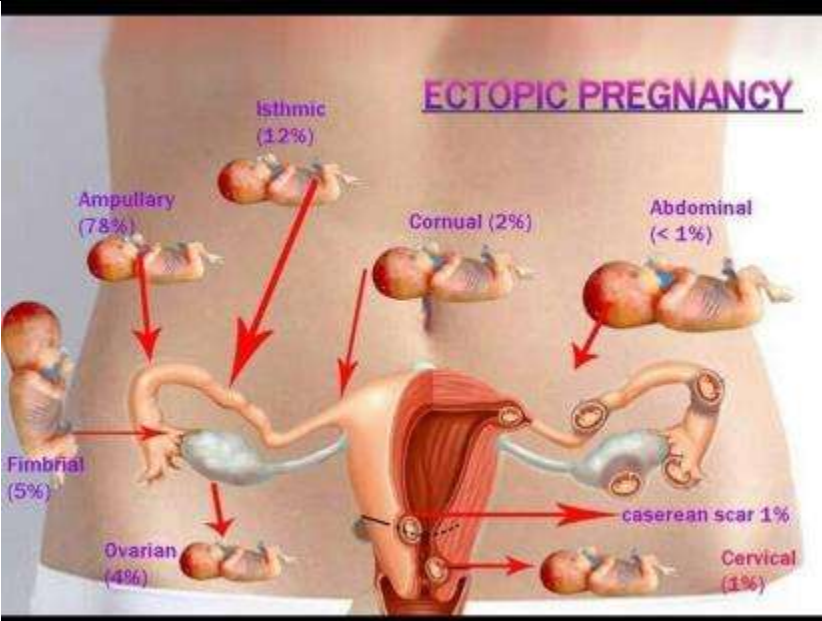


XXI. Diseases of the Female Genital System

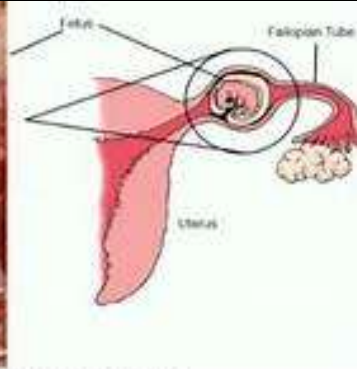
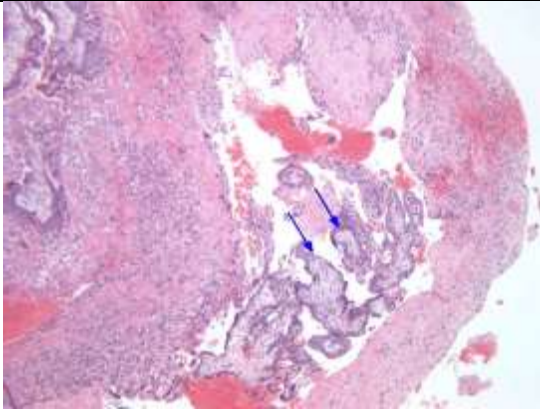
| Tubal Pregnancy | |
|--|--|
| Uterine tube: | <ul style="list-style-type: none"> • Shows the attached ovary • Is dilated • Distended with blood clots • Contains remnants of foetal embryonic tissue |
| Walls: | <ul style="list-style-type: none"> • Thickened • Haemorrhagic (dark reddish) • Some parts are : <ul style="list-style-type: none"> ○ Much thinned out ○ Ruptured |
|  | |
| N.B.I: | |
| <ul style="list-style-type: none"> • Tubal pregnancy is rare; but, when present, its rupture is rather common and may lead to death from severe haemorrhage (intraperitoneal) and shock. • Sometimes, the bleeding is only in the tube → haematosalpinx. | |
| Predisposing factors for the arrest of the impregnated ovum in the tube: | |
| <ol style="list-style-type: none"> 1. <i>Chronic salpingitis.</i> 2. <i>Folds and pockets in the tube.</i> | |
|  | |

This condition is rare in nullipara.

A long interval of sterility may intervene between the last pregnancy and tubal pregnancy.

Important findings:

- **Uterus:**
 - Hypertrophied.
 - Shows a **decidual reaction**.
- **Is empty:**
 - **No ovum.**
 - **No villi.**
- **The tube:**
 - Villi are present into the wall.
 - The ovum appears in the cavity.
 - Lumen is narrow.
 - **No decidua (i.e., it is usually absent).**



Ectopic Pregnancy

Effects and results:

1. **Termination of pregnancy (at second month).**
2. **Tubal abortion and haemorrhage (common).**

Effects:

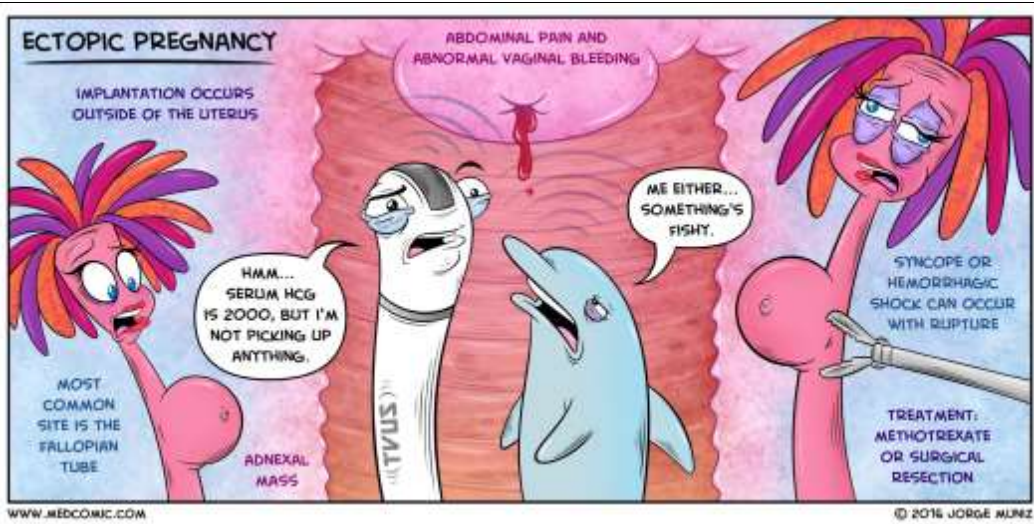
- (a) Destruction of the embryo.
- (b) Haematosalpinx.
- (c) Tubal mole (firm blood clot and chorionic villi).
- (d) This may escape in abdominal cavity or rarely into the uterus.

3. **Tubal rupture.**

Effects:

- a. Death from internal haemorrhage.
- b. **Lithopedion** (a mummified foetal mass with calcium appearing in ostium).

4. **Full-term pregnancy** (very rare).



WHAT?

An **ectopic pregnancy** is when a fertilised egg implants and begins developing *outside* the uterus:

- 97% fallopian tubes
- 3% interstitial (area between fallopian tubes and uterus)
- Can develop in a number of other areas

Affects 1 in 80 pregnancies.

Pregnancy is **not viable**.

Symptoms include lower abdominal pain *and* vaginal bleeding.

Always consider ectopic pregnancy in women (of childbearing age) presenting with abdominal pain.

WHY?

If fallopian tube *ruptures* it can be **life threatening** due to bleeding.

Patient may present...

- *haemodynamically unstable* with symptoms of ectopic pregnancy
- with *shoulder tip pain* if large amount of bleeding

► **Mortality rate = 0.2%**

Treatment:

Surgical: presents with peritonitis, large gestational sac, fallopian tube rupture

Methotrexate: gestational sac <3.5cm, no peritonitis, ability to closely monitor, no contraindications

HOW?

Ectopic Pregnancy (LITFL)

<http://bit.ly/2vim8eq>

Problems in Early Pregnancy

– **Induction (St. Emlyn's)**

<http://bit.ly/2uDh8Pu>

Ectopic Pregnancy (FOAM

EM) <http://bit.ly/2wqc4QI>



Author: Pandora Spilman-Harham Peer Review: D. Whitlock Date: 14/06/2017 Version: 1.1

N.B.2:

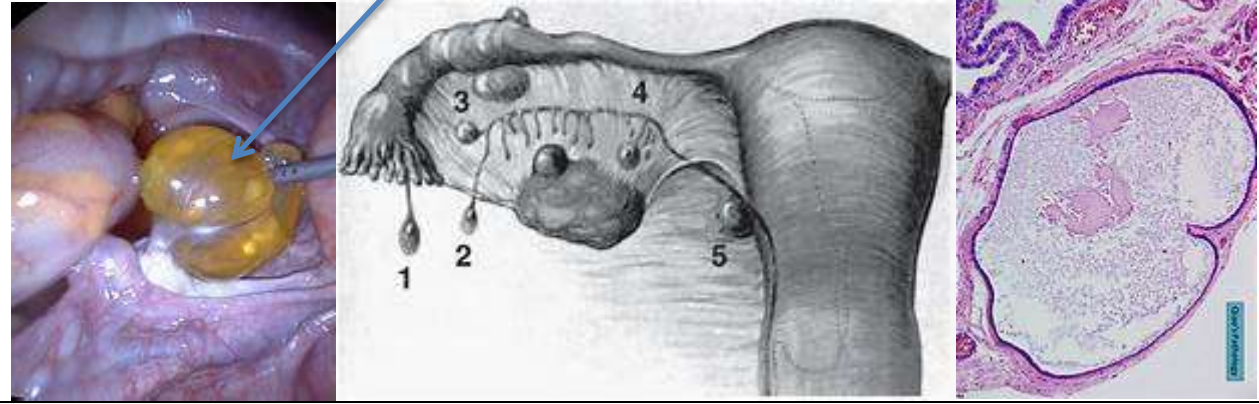
Other lesions in the Fallopian tubes

1. Granuloma-reaction: Produced by irritating powders (during operations) → thickened tubes with granular external surface.

2. Fimbrial cysts: Small, simple unilocular cysts containing a clear fluid.

3. Tumours:

1- Benign (rare) and include cystic growths from the remnants of Wolffian duct → *hydatids of Morgagni* (para-ovarian cysts).



2- Malignant :

a. Primary carcinoma - > a papillary or solid mass which leads to thickening and distension of the tube then spreads (through the peritoneum).

b. Chorion carcinoma.

c. Secondaries from the uterus or ovaries.

N.B.3:

- Bilharzial affection of the Fallopian tubes may be part of bilharziasis of the female genital system, where there is bilharzial infestation to ovaries, Fallopian tubes, uterus, cervix, vagina and vulva.
- Cellular reaction with polyp-formation, adhesions, fibrous stricture, hydrosalpinx and fistula may be possible sequels and complications.
- The fistula may be recto-vaginal, vesico-vaginal or perineal opening into the bladder or the urethra.