



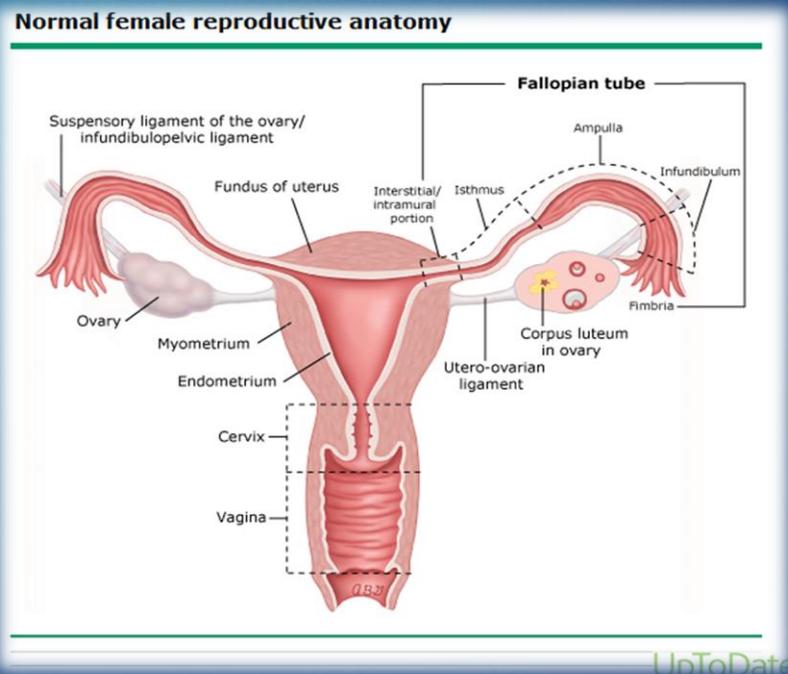
Experiencia del profesional Ginecobstetra en la atención de un Embarazo Ectópico

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FACOG



DEFINICIÓN

- ▶ Ocurre cuando el óvulo fecundado en desarrollo se implanta en un sitio que no sea la cavidad uterina.
- ▶ La ubicación ectópica más común es la trompa de Falopio, que representa el 98%.



EPIDEMIOLOGIA

- ▶ La incidencia global de embarazo ectópico aumentó a mediados del siglo XX, aproximadamente a casi 20 por cada 1000 embarazos.
- ▶ Asociado con una mayor incidencia de la enfermedad inflamatoria pélvica .
- ▶ Hemorragia del embarazo ectópico es la principal causa de muerte materna en el primer trimestre y representa el 4 al 10 % de todas las muertes relacionadas con el embarazo.

Embarazo Ectópico: incidencia, factores de riesgo y pa
Tulandi, MD, UpToDate, Enero 2016

The screenshot shows a journal article from the Canadian Medical Association Journal (CMAJ). The title of the article is "Diagnosis and treatment of ectopic pregnancy". It is authored by Heather Murray, Hanadi Baakdah, Trevor Bardell, and Togas Tulandi. The abstract discusses the life-threatening condition of ectopic pregnancy, mentioning the availability and use of formal and emergency ultrasonography, and how these have changed the diagnostic approach. It also notes the use of serum β human chorionic gonadotropin (β-hCG) measurements and arterial measurements of β-hCG and progesterone concentrations. The article highlights advances in surgical and medical therapy for ectopic pregnancy, including minimally invasive or non-invasive treatments. Guidelines for laparoscopy and methotrexate therapy are also mentioned.

FACTORES DE RIESGO

GRADO DE RIESGO	FACTOR DE RIESGO	ODDS RATIO
ALTO RIESGO	<ul style="list-style-type: none"> • ECTOPICO PREVIO • QX TUBARICA PREVIA • LIGADURA TUBARICA • PATOLOGIA TUB. • EXPOSICION DES IU • USO ACTUAL DIU 	<ul style="list-style-type: none"> • 9.3-47 • 6.0-11.5 • 3.0-13.9 • 3.5-25 • 2.4-13 • 1.1-4.5
RIESGO MODERADO	<ul style="list-style-type: none"> • INFERTILIDAD • CERVICITIS PREVIA • HISTORIA EIP • MULTIPLES PS • FUMADORAS 	<ul style="list-style-type: none"> • 1.1-2.8 • 2.8-3.7 • 2.1-3.0 • 1.4-4.8 • 2.3-3.9
BAJO RIESGO	<ul style="list-style-type: none"> • CIRUGIA PREVIA • DUCHAS VAGINALES • INICIO TEMPRANO RS 	<ul style="list-style-type: none"> • 0.93-3.8 • 1.1-3.1 • 1.1-2.5

Embarazo Ectopico: incidencia, factores
Tulandi, MD, UpToDate, Enero 2016

Gynecology-endocrinology

Vol. 65, No. 6, June 1996
Printed on acid-free paper in U. S. A.

FERTILITY AND STERILITY
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Risk factors for ectopic pregnancy: a meta-analysis*

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Objective: To review current knowledge on the risk of ectopic pregnancy (EP), with the exception of contraceptive methods.
Design: Meta-analysis.
Setting: Case control and cohort studies published between 1978 and 1994 in English, French, German, or Dutch, retrieved by Medline search, crossover search from the papers obtained, and hand-search on recent medical journals.
Patients: A total number of 6,718 cases of EP in 27 case control studies and 13,049 exposed women in 9 cohort studies.
Main Outcome Measures: Detected studies were tested for homogeneity. If homogeneity was not rejected, Mantel-Haenszel common odds ratios (OR) and 95% confidence intervals were calculated.
Results: Previous EP, previous tubal surgery, documented tubal pathology, and in utero diethylstilbestrol (DES) exposure were found to be associated strongly with the occurrence of EP. Previous genital infections (pelvic inflammatory disease [PID], chlamydia, gonorrhoea), infertility, and a lifetime number of sexual partners >1 were associated with a mildly increased risk. For gonorrhoea, PID, previous EP, previous tubal surgery, and smoking, a higher common OR was calculated when using pregnant controls compared with using nonpregnant controls.
Conclusions: The strong risk in women with a previous EP, previous tubal surgery, documented tubal pathology, or in utero DES exposure justifies the exploration of a screening policy for EP among these women. If a risk factor reduces fertility chances, the OR detected when using pregnant controls is higher than the OR calculated using nonpregnant controls.

Key Words: Ectopic pregnancy, meta-analysis, risk factors

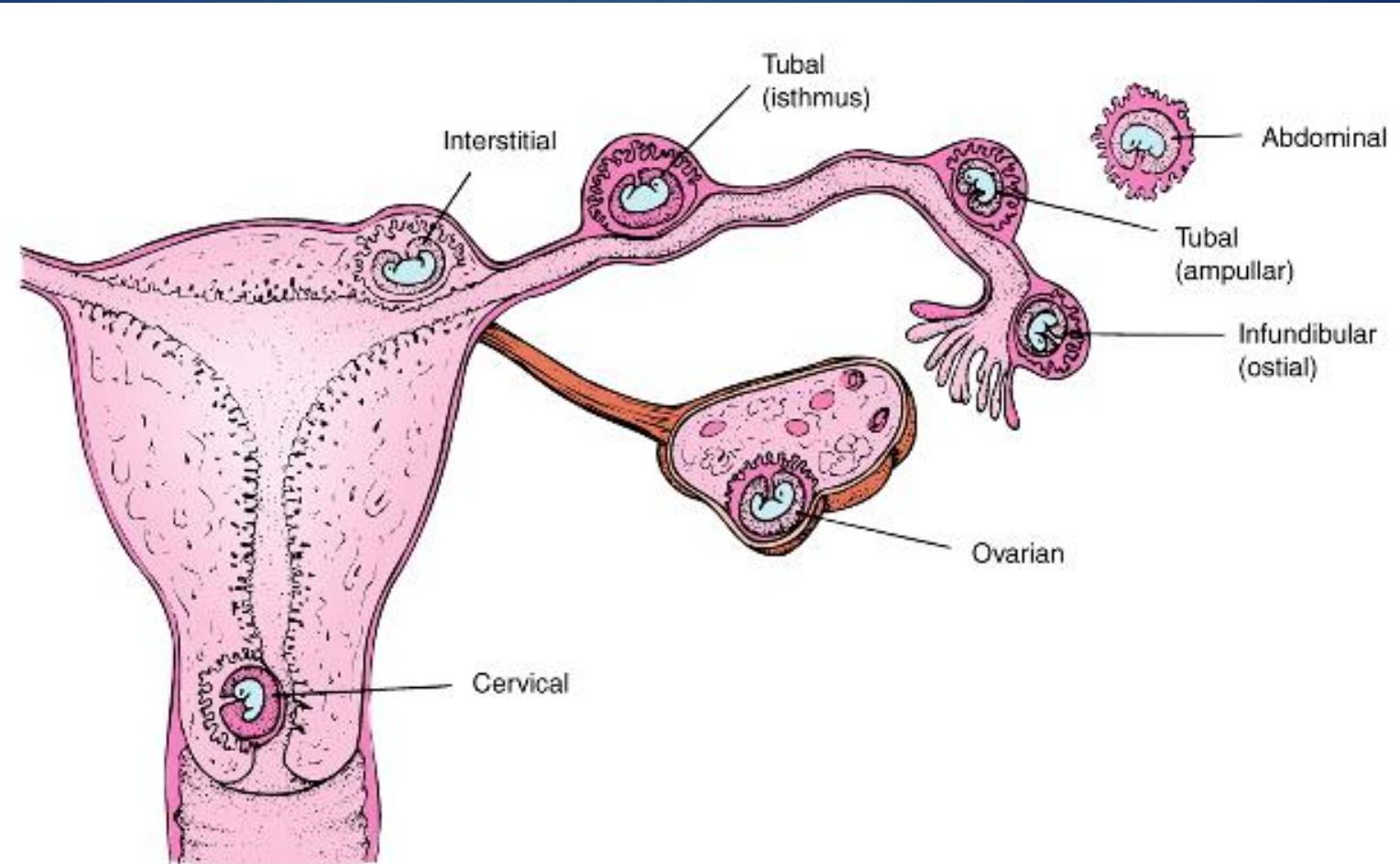


Figure 46-9 Sites of ectopic pregnancy.

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LOCALIZACION

- ▶ El 98% Embarazos ectópicos tubaricos
 - 70% ampular
 - 12% ístmico
 - 11.1% fimbria
 - 3.2% ovárico
 - 2.4% intersticial
 - 1.3% abdominal

The screenshot shows the Oxford Journals website for the journal **Human Reproduction**. The page title is "Human Reproduction". The main content is an article titled "Sites of ectopic pregnancy: a 10 year population-based study of 1800 cases" by J. Bouyer, J. Costel, H. Fernandez, J.L. Pouly, and N. Job-Spira. The article was received April 23, 2002, revised July 5, 2002, and accepted August 8, 2002. It is available as a free full text in both HTML and PDF formats. The journal's ISSN is 3224-3230, and the DOI is 10.1093/humrep/17.12.3224. The right sidebar features a job search for the Oxford University Press Journals Career Network.

Ectópico cervical



Fig. 1. Ecografía transvaginal, corte sagital, obsérvense las alteraciones morfológicas de la gestación extrauterina.

Ectópico en la cicatriz de la cesárea



Ectópico Abdominal



2009/01/14 10:04

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HISTORIA NATURAL

Aborto
tubarico

Ruptura
tubarica

Resolución
espontánea

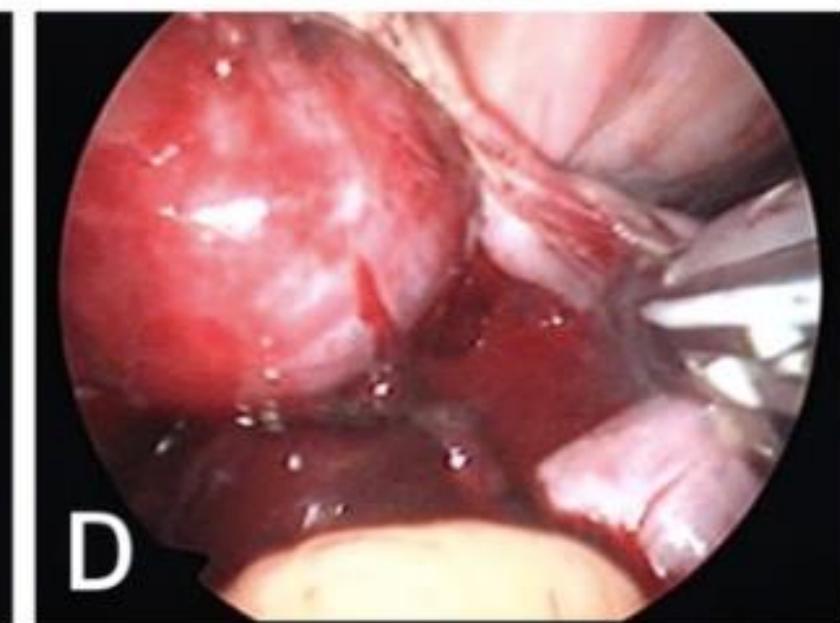
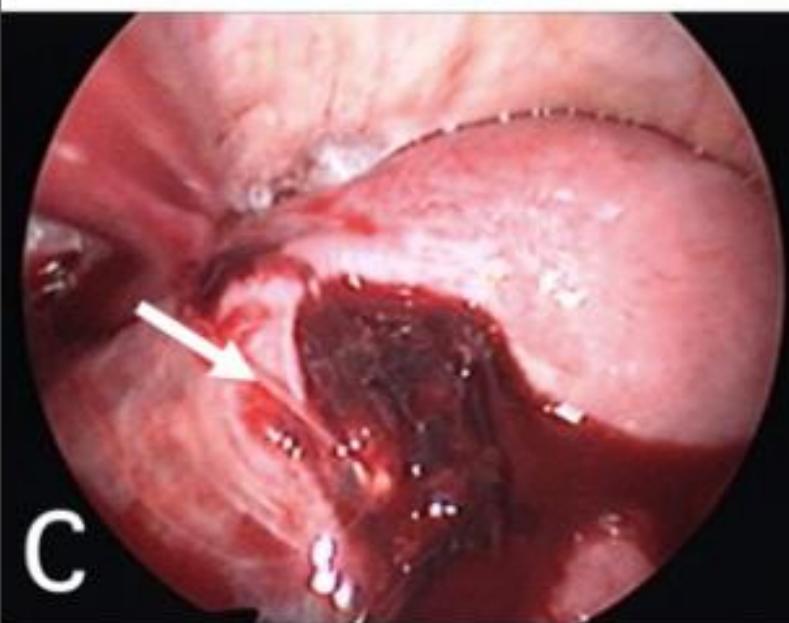
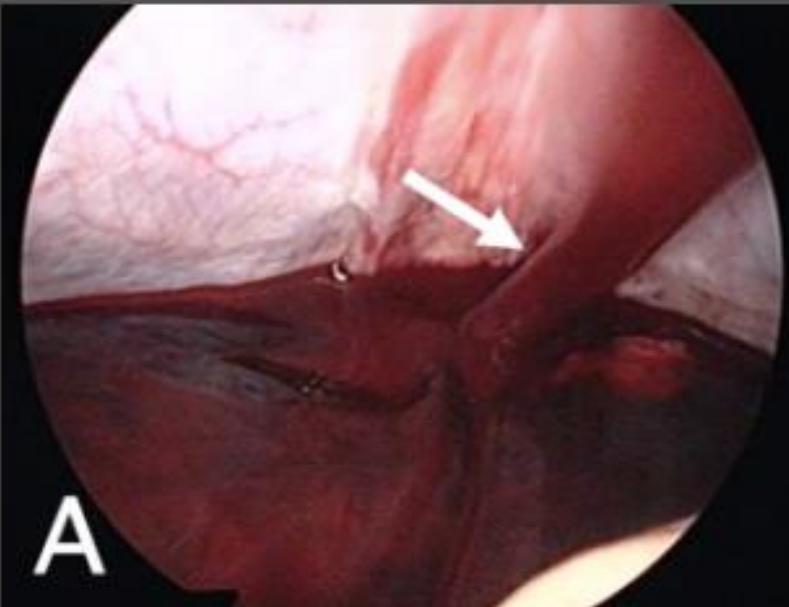
MANIFESTACIONES CLINICAS

SANGRADO DEL PRIMER TRIMESTRE

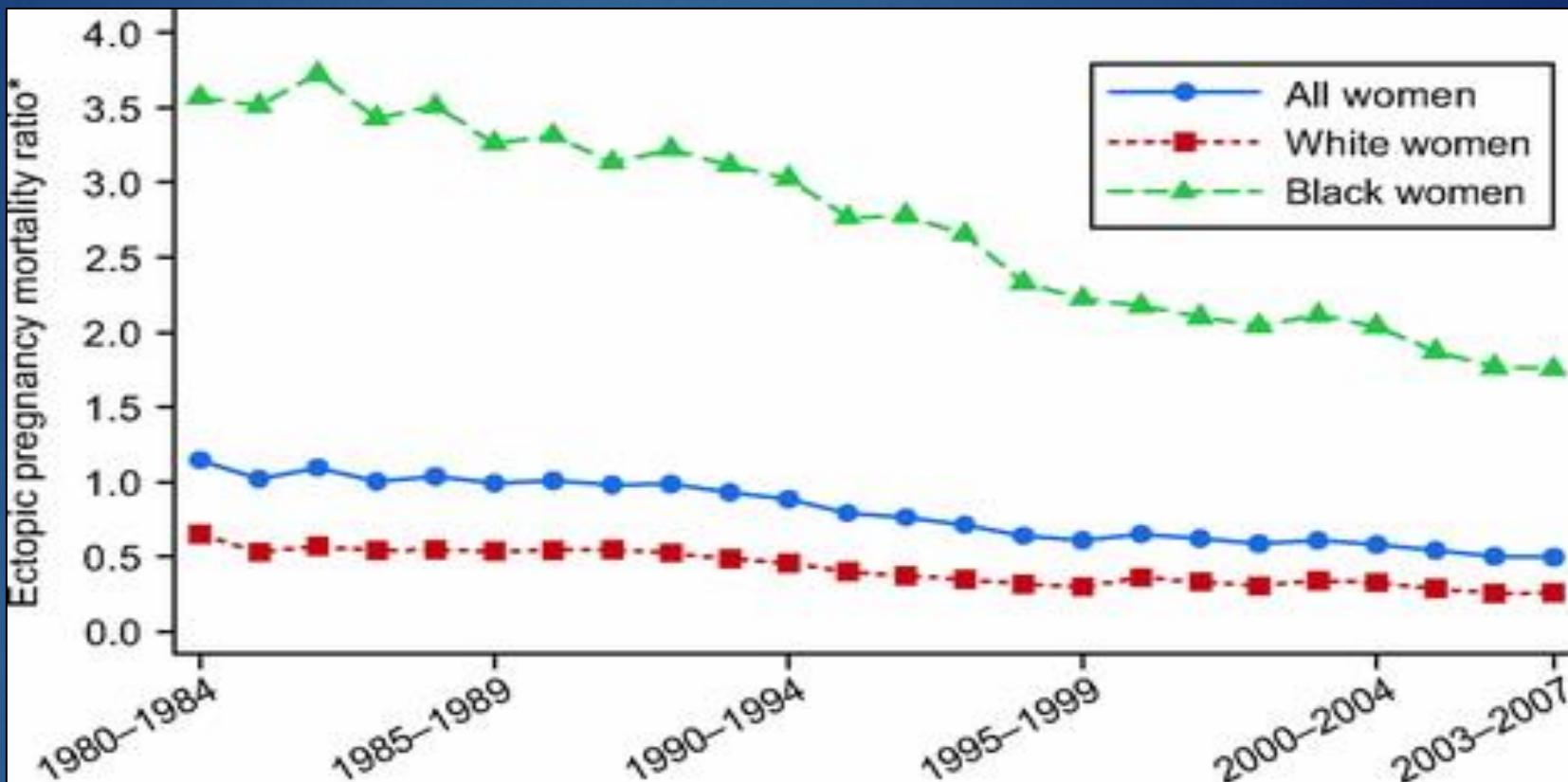
DOLOR ABDOMINAL

AMENORREA

ASINTOMATICA



Mortalidad por embarazo ectopico.



Trends in Ectopic Pregnancy Mortality in the United States: 1980-2007.

Creanga, Andreea; MD, PhD; Shapiro-Mendoza, Carrie; PhD, MPH; Bish, Connie; PhD, MPH; Zane, Suzanne; Berg, Cynthia; MD, MPH; Callaghan, William; MD, MPH

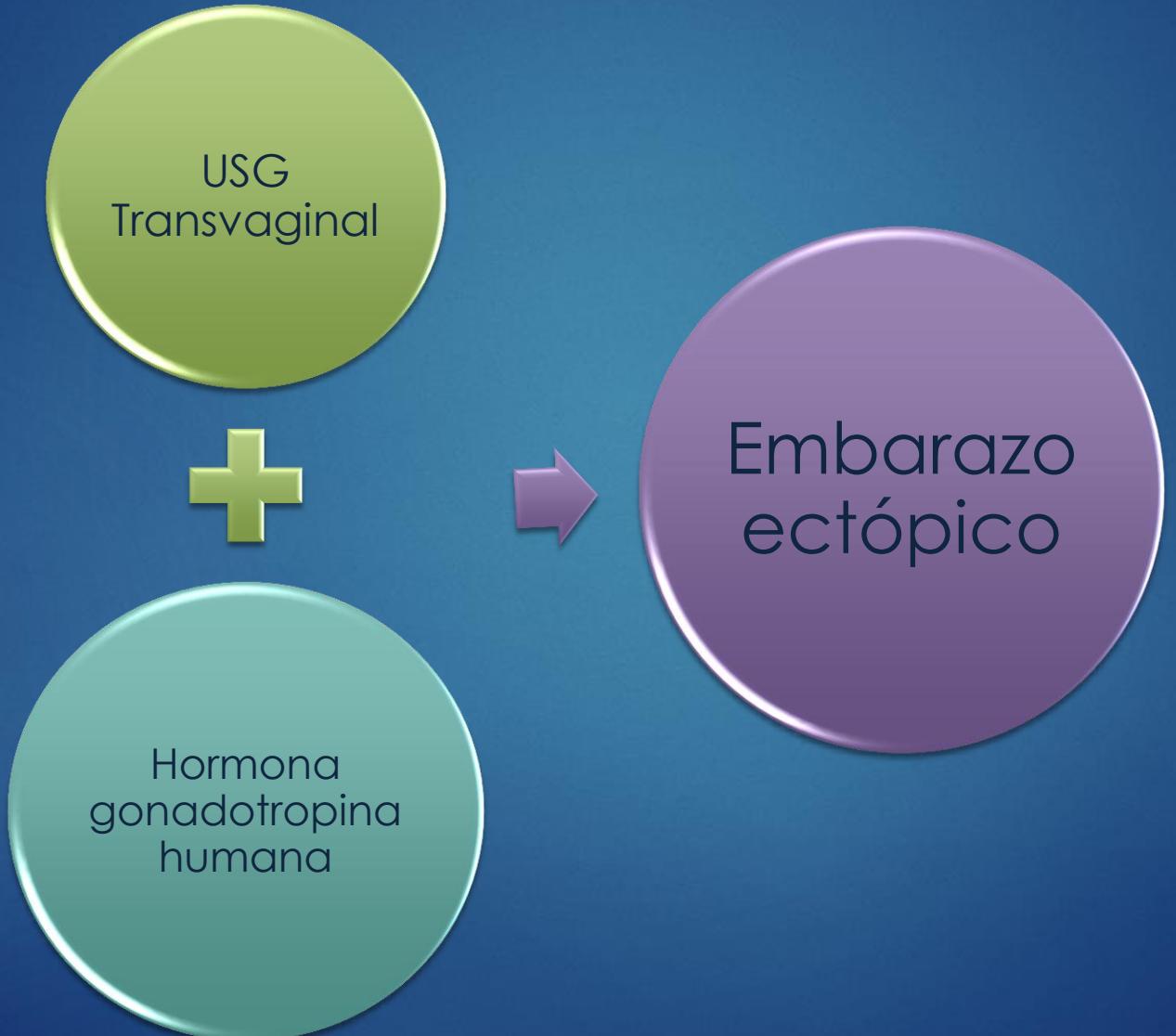
Obstetrics & Gynecology. 117(4):837-843, April 2011.
DOI: 10.1097/AOG.0b013e3182113c10

Fig. 1. Trends in ectopic pregnancy mortality for all women and by race: United States, 1980-2007. *Each data point represents a 5-year moving average expressed per 100,000 live births. X-axis labels are shown for every fifth data point and for the last data point.Creanga. Ectopic Pregnancy Mortality Trends. Obstet Gynecol 2011.

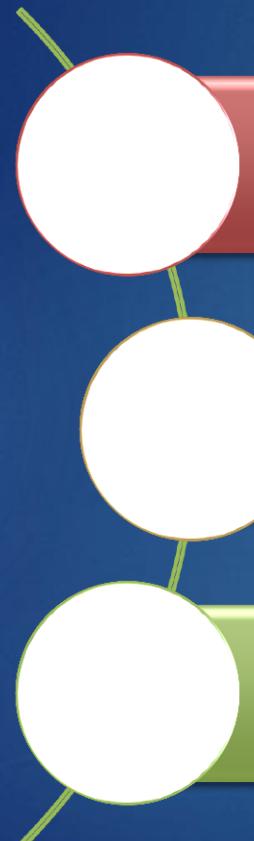
EVALUACION DIAGNÓSTICA

- ▶ Descartar embarazo.
- ▶ Determinar si el embarazo es intrauterino o ectópico.
- ▶ Determinar si la estructura en la que se implanto se ha roto y si la paciente esta hemodinámicamente estable.
- ▶ Realizar pruebas adicionales para orientar aún más el tratamiento (por ejemplo, tipo de sangre y pruebas de pre-tratamiento).
- ▶ Investigar factores de riesgo.
- ▶ Examen pélvico completo

PRUEBAS DIAGNOSTICAS



TRATAMIENTO



EXPECTANTE

- Gonadotropina coriónica humana (hCG) < 200 mUI / ml .

MEDICO

- Metotrexate (grado 2B)

QUIRURGICO

- salpingostomía o salpingectomía

TIPOS DE ABORDAJE



LAPAROSCOPICA

LAPAROTOMIA

Newly married woman
presented with sever pain in
abdomen weakness and
Pallor

Limitantes

- Definir la localización exacta
- Esperar a que no exista latido fetal
- Garantizar el futuro reproductivo

Dar vida
no debe ser
un asunto
de muerte



La muerte de
una madre **afecta**
a toda la familia