



MEDICAL MANAGEMENT OF ECTOPIC PREGNANCY IN A LOW RESOURCE SETTING: THE ROLE OF METHOTREXATE

Dr. Simon Birame Ndour

Cheikh Anta DIOP University, Senegal

Abstract

Background

Medical treatment using methotrexate. However, its indications and the protocol of administration are still under discussion. Even if follow-up problems are often raised in developing countries, medical treatment of ectopic pregnancy remains a reasonable option that we practice and share our experience here.

Methods

We performed a retrospective cohort study of patients managed for an unruptured ectopic pregnancy in two university hospital facilities in Dakar: the Centre Hospitalier National de Pikine and the Centre de Santé de Philippe Maguilen Senghor. The data of this study are spread over a period of 10 years, from 2010 and 2019. We planned to evaluate maternal age, parity, gestational age, diagnosis circumstances, medical management, monitoring, and outcome. A single dose protocol was used. Data extracted from the registries were transferred to Microsoft Excel 2019, Mac version and then moved to SPSS (Statistical Package for Social Sciences, 26).

Results

Over ten years, we had registered 18 patients who had received medical treatment out of a total of 263 ectopic pregnancies treated in the two facilities, i.e., a frequency of 6.8%. The average age was 28.8 years. The average initial HCG level was 10,460 mIU/ml. Treatment succeeded in more than 6 out of 10 patients (61.1%). However, we noted 5 cases of failure that had secondarily benefited from salpingectomy by laparotomy.

Conclusion

Methotrexate is now part of the therapeutic arsenal in the management of unruptured tubal ectopic pregnancies. However, in developing countries, particularly in Senegal, there is a reluctance to use this therapeutic method, which, however, when a personalized follow-up is carried out, is achievable with a success rate comparable to other therapeutic methods.

Biography

Dr Simon is from Cheikh Anta DIOP University, Senegal

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