

Editorial Commentary

ECTOPIC PREGNANCY IN GHANA—TIME FOR CHANGE

Ectopic pregnancy continues to be an important health problem worldwide. Between the early 1970's and the late 1980's/early 1990's there was a considerable increase in the incidence of ectopic pregnancies. Recent evidence, however, suggests that within the last decade the incidence may have been falling^{1,2}. In developed countries close to 90% or more of ectopic pregnancies are diagnosed unruptured, whereas in developing countries diagnosis before rupture is uncommon. In Ghana rates of 1.9% and 8.5% have been reported for the diagnosis of unruptured ectopic pregnancies since the early 1990's^{3,4}.

In this issue of the Ghana Medical Journal Obed reports the results of a study carried out to explore the reasons underlying the very low rate of diagnosis of unruptured ectopic pregnancies in the Korle Bu Teaching Hospital. Only 5.43% were diagnosed before rupture occurred. Less than a third of women with ruptured ectopic pregnancies were aware they were pregnant and just about half of these women had attended a health facility. Most of the women had had symptoms which, with some awareness of their significance, should have made them report to a health facility. Others had actually reported to a health facility but no attempt had been made to exclude a possible ectopic pregnancy. There is no doubt that diagnosis of ectopic pregnancy before rupture has considerable advantages over diagnosis after rupture. It obviates the need for blood transfusion with all its attendant risks. More importantly it allows for conservative forms of treatment (medical and/or surgical) which are associated with less morbidity and may yield better outcomes as far as future fertility is concerned, particularly where there is contralateral tubal disease⁵.

The good news from Obed's study is that there has been a fall in incidence of ectopic pregnancy at the Korle Bu Teaching Hospital from 39.5/1000 deliveries in 1991-1993³ to 32.9/1000. Unfortunately, however, much younger women (mean age 21.1 vrs 29.3³ years) of much lower parity (mean 0.9 vrs 1.9³) are presenting with the condition. It is not surprising that about 87% of affected women desired to have more children in Obed's study.

It is imperative that action be taken to improve the rate of diagnosis of ectopic pregnancy before rupture occurs. This requires concerted efforts from both health personnel and the general public. Public education is required to encourage women to seek early confirmation of their pregnancy and its location, preferably within 1 to 3 weeks after missing their period. This education should also emphasize, for those not aware they are pregnant, the need to report to a health facility when one experiences irregular vaginal bleeding and/or lower abdominal pain. In addition health personnel must constantly remind themselves to "think ectopic pregnancy" when dealing with women of reproductive age, especially when they have some of the above-mentioned symptoms. It may be pointed out that a misdiagnosis rate of 16.3% at initial presentation to a health facility has been reported among women who were eventually found to have ruptured ectopic pregnancy at the Korle Bu Teaching Hospital³. Finally, it is imperative that sensitive serum β -HCG measurement and endovaginal pelvic ultrasound facilities are made available in polyclinics, and district and regional hospitals, with qualified personnel to handle them.

These measures are likely to lead to increasing numbers of unruptured ectopic pregnancies being diagnosed. Laparoscopic surgery plays a very important role in the management of unruptured ectopic pregnancies⁵. Perhaps the diagnosis of increasing numbers of unruptured ectopic pregnancies will provide the impetus for establishing laparoscopic gynaecological surgery service in Ghana, at least in the teaching hospitals for a start.

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