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CLINICAL ANALYSIS OF TUBAL PREGNANCY: DIAGNOSTIC AND SURGICAL MANAGEMENT IN 30 CASES

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Introduction. Tubal pregnancy remains a critical obstetric emergency, demanding timely diagnosis and intervention to mitigate risks to maternal health and reproductive potential. Modern advancements in imaging and surgical techniques have transformed management paradigms, yet underlying risk factors persist.

Aim: this study assesses the efficacy of current diagnostic and surgical approaches for tubal pregnancy, with emphasis on ultrasound-based diagnosis and minimally invasive surgical outcomes.

Material and methods. A retrospective analysis of 30 patients (aged 22–40 years) treated in 2024 evaluated demographics, gynecological history, diagnostic tools (ultrasound, serial hCG), surgical interventions (laparoscopy/laparotomy), and clinical outcomes.

Results and their discussion. The ultrasound achieved 100% diagnostic accuracy in this case, supported by serial hCG trends, eliminating the need for invasive culdocentesis and reflecting modern shifts toward non-invasive, patient-centered care. Laparoscopic salpingectomy was the predominant surgical intervention (87%), confirming its efficacy in stable patients, while fertility-preserving salpingotomy (7%) was selectively utilized; however, one ruptured ectopic pregnancy (7%) required laparotomy due to hemoperitoneum, emphasizing the critical role of early detection in preventing life-threatening complications. Key risk factors included a history of ectopic pregnancy (40%) and chronic salpingitis (27%), aligning with established links to pelvic inflammatory disease, while uterine fibroids (20%) highlighted the multifactorial nature of etiology. Prognostic data revealed stark contrasts in outcomes: unruptured cases showed minimal blood loss (<250 mL), whereas ruptured cases exceeded 500 mL, underscoring the urgency of timely intervention to mitigate morbidity and improve patient safety.

Conclusion. The integration of early ultrasound diagnosis and laparoscopic surgery optimizes tubal pregnancy management, reducing complications and preserving fertility. Persistent risk factors like chronic salpingitis demand targeted preventive strategies. These findings reinforce the superiority of minimally invasive approaches and endorse current clinical guidelines.