

Preservation of fallopian tubes in ectopic pregnancy

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Annotation: This study covers the application of laparoscopic partial tubal resection with end-to-end anastomosis can reduce the incidence of persistent ectopic pregnancy. In a normal pregnancy, the fertilised egg spends 4 to 5 days travelling down the fallopian tube before moving to the cavity of the uterus where it implants about 6 to 7 days after being fertilised. Most, but not all, ectopic pregnancies take place in the fallopian tube. Early detection of an ectopic pregnancy can prevent serious medical complications and may save the fallopian tube from permanent damage.

Keywords: Fallopian tube, Ectopic pregnancy, Laparoscopic fenestration, Laparoscopic partial tubal resection with end-to-end anastomosis.

The patients were randomly divided into the observation group (the group treated with laparoscopic partial tubal resection with end-to-end anastomosis, n=238) and the control group (the group treated with laparoscopic fenestration, n=213). The average operation time, intraoperative blood loss, postoperative exhaust time and hospital stay were observed to evaluate the clinical effect. In addition, the time required for the β -HCG to drop to normal level, the patency of the fallopian tubes and the ovarian function were observed in the two groups after the operation. There was no significant difference between observation group operation time, intraoperative hemorrhagic amount, blood β -HCG recovery time and hospital time and control group ($P > 0.05$). The postoperative fallopian tube patency rate in the observation group was 67.58%, significantly higher than the control group ($P < 0.05$). In addition, there was no significant difference in ovarian function between the two groups. There are several conditions that can cause an ectopic pregnancy. Any damage to the fallopian tube can block or narrow the fallopian tube. There could also be problems with the tube walls, which should normally tighten and carry the fertilised egg into the uterus. Hormonal imbalance, infection or malfunction of the uterus or tube can all impair the tube's normal function and result in an ectopic pregnancy. Ectopic pregnancy salpingitis (pelvic infection) damage to your fallopian tube infertility pelvic surgery including tubal ligation (having your fallopian tubes' tied or clamped to prevent pregnancy). In many cases of ectopic pregnancy, the fertilised egg dies quickly and is broken down by your system before you miss your period or after you experience some slight pain and bleeding. In these cases an ectopic pregnancy is rarely diagnosed and it is assumed to be a miscarriage. Nothing needs to be done in these circumstances. If the fertilised egg continues to grow, the thin wall of your fallopian tube will stretch, causing you pain in your lower abdomen. You may also experience vaginal bleeding. As the egg grows, the tube may rupture, causing you severe abdominal (stomach) pain, internal bleeding and possible collapse. Women who experience an ectopic pregnancy have all the signs of a normal pregnancy, in the beginning. Most symptoms of an ectopic pregnancy occur between the fourth and tenth week of pregnancy. Vaginal bleeding lower left or right side abdominal (stomach) pain feeling light-headed or faint. Currently there are 3 different treatments available for an ectopic pregnancy. Your doctor will discuss the most appropriate one for you, however, your doctor may also find it necessary to proceed from one method to another. A medication called methotrexate is used to dissolve the pregnancy tissue. It is given by injection in the leg or bottom and is suitable for women without pain or those with minimal pain. This type of treatment was introduced to avoid surgery but needs careful follow-up. The follow-up requires blood tests after the first week and then once or twice a week until tests show that you are no longer pregnant. The schedule of blood tests will be explained to you by your doctor. The treatment has a 90 per cent success rate. If it is not successful your doctor may have to reconsider medical treatment or surgery. After laparoscopic surgery or a methotrexate injection most women recover and are ready to leave hospital within 24 hours. After a

laparotomy it is more common to stay in hospital for 2 to 3 days. If you had a salpingostomy or methotrexate injection you will need to have regular tests at hospital to ensure all the pregnancy cells are gone. This usually involves another blood hormone test. A discharge summary will be sent to your doctor describing the treatment you have received and any further care you may need. If you have a high temperature or feel feverish your surgical cuts become red, swollen or contain pus your vaginal discharge has a strong, unpleasant odour you have heavy, bright red vaginal blood loss or blood clots you feel unwell or worried about an unusual symptom. In most cases, you can still have a baby if you've had one of your fallopian tubes removed. Most people are born with two fallopian tubes. Only one fallopian tube is necessary for a pregnancy. Eggs can still travel down your remaining fallopian tube. There are also assisted fertility procedures like IVF that don't involve your fallopian tubes. Have an open conversation about your thoughts on future pregnancies with your healthcare provider. Together, you can form a plan and discuss ways to decrease any risk factors you may have. In conclusion the method of laparoscopic partial tubal resection with end-to-end anastomosis is more effective in the treatment of tubal ectopic pregnancy, and has less impact on ovarian function, which can effectively improve the probability of normal pregnancy after the operation.

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