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**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1011062>Available online at: <http://www.iajps.com>**Review Article****INTERSTITIAL ECTOPIC PREGNANCY-A REVIEW**Fateme parooei¹, Mahmood Anbari², Morteza Salarzai^{1*}¹Medical student, Student Research Committee, Zabol University of Medical Sciences,
Zabol, Iran²Zabol University of Medical Sciences, zabol, Iran**Abstract:**

Introduction: Interstitial ectopic pregnancy, in which rupture occurs much later than other forms of pregnancy, is a rare phenomenon that occurs in 2% of ectopic pregnancies; delayed rupture is due to the expandability of myometrium.

Methods: In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the Interstitial ectopic pregnancy.

In this review, the papers published until early January 2017 that were conducted to study the Interstitial ectopic pregnancy were selected.

Results: Although the golden standard method for the treatment of interstitial ectopic pregnancy is laparotomy, realized through removing cornea, it is sometimes necessary, due to hemostasis, to conduct hysterectomy, or hypo gastric artery legation.

Discussion and conclusion: Pathology diagnosis is of paramount importance. On the other hand, the report of the mass of adnexa in ultrasound with high BHCG can indicate a re-EP that needs resection, but knowledge of pathology has left this vascular cavity free.

Key words: *Interstitial, ectopic, pregnancy*

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INTRODUCTION:

Interstitial ectopic pregnancy, in which rupture occurs much later than other forms of pregnancy, is a rare phenomenon that occurs in 2% of ectopic pregnancies; delayed rupture is due to the expandability of myometrium (1). Due to excessive amount of blood in this type of pregnancy, the possibility of life-threatening catastrophic bleeding seems quite plausible. Although no mortality has been reported as a result of interstitial ectopic pregnancy, there have been plenty cases of uterine rupture having led to severe hemorrhage and hysterectomy (2). The incidence rate of ectopic pregnancy seems to have increased due to the widespread use of assisted reproductive techniques. Pulmonary tubes dysfunction, having a history of salpingotomies, proximal tubular adhesions, and pelvic infections are predictors of this clinical condition (3). The differential diagnosis of interstitial pregnancy from various types of ectopic pregnancy is required because clinical findings, management and results are different (4). It is quite important to diagnose this phenomenon as soon as possible in order to reduce the incidence of maternal complications and preserve women's fertility, because the mortality rate of this type of pregnancy is 7 times more than other ectopic pregnancies (5). Available methods for diagnosing this pregnancy include vaginal sonography and B-HCG circulation.

METHODS:

In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the interstitial ectopic pregnancy. In this review, the papers published until early January 2017 that was conducted to study the interstitial ectopic pregnancy were selected.

FINDINGS:

Although the golden standard method for the treatment of interstitial ectopic pregnancy is laparotomy, realized through removing cornea, it is sometimes necessary, due to hemostasis, to conduct hysterectomy, or hypogastric artery ligation (6). However, current tendency is mainly directed towards maintenance therapy in order to reduce the complications of the surgery and maintain female reproductive capacity (7). Clinical or surgical procedures can be used as a preservative method. According to published case reports, the diagnosis and treatment of interstitial pregnancy is always controversial and challenging due to potentially severe consequences of rupture and intra-abdominal hemorrhage (8). Although the common treatment of interstitial pregnancy is hysterectomy through laparoscopic resection, the majority of surgeries are conducted in form of laparoscopy; one of these laparoscopic techniques is corneal

resection (9). Sue et al study reported successful and uncomplicated administration of 17 cases of interstitial pregnancy with laparoscopic surgery. Additionally, Gonk's study reported a 24-year-old woman with cognate pregnancy who was initially treated with methotrexate; then, sue to persistent abdominal pain and reduced hemoglobin, she underwent laparoscopy and cornuostomy.

DISCUSSION AND CONCLUSION:

Pathology diagnosis is of paramount importance. On the other hand, the report of the mass of adnexa in ultrasound with high BHCG can indicate a re-EP that needs resection, but knowledge of pathology has left this vascular cavity free (10). Not being aware of patient's former pathology might cause wrong intervention and bleeding. It is, also, quite important to conduct required post-operative follow up because failure to follow sometimes causes irreparable damage(11). Considering the fact that most risk factors for ectopic pregnancy are known and the most common risk factors are the use of assisted reproductive techniques, history of ectopic pregnancy, history of infection and pelvic surgery, and IUD use, it is quite essential to provide necessary training regarding this high-risk form of pregnancy for all pregnant women; then, physicians are required to control the possibility of ectopic pregnancy if the pregnant women complains of abdominal pain and spotting in order to provide appropriate treatment and reduce the complications of interstitial ectopic pregnancy in case of diagnosis.

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