

June 2022

Management of Patients Diagnosed with Pregnancy of Unknown Location

Mayra A. Shafique
gu4555@wayne.edu

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Recommended Citation

Shafique, Mayra A., "Management of Patients Diagnosed with Pregnancy of Unknown Location" (2022).
Medical Student Research Symposium. 141.
https://digitalcommons.wayne.edu/som_srs/141

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Ectopic pregnancies account for 75% of maternal deaths in the first trimester and 9%-13% of all pregnancy-related deaths.¹ It is critical that patients at risk for ectopic pregnancy be treated promptly. Pregnancy of unknown location (PUL) classifies a patient at risk for ectopic pregnancy when a pregnancy cannot be located on ultrasound but bhCG level is positive.² The incidence of PUL is 15% in patients undergoing a transvaginal ultrasound early in the first trimester.^{2,3} In order to determine a management strategy to improve management of patient's with PUL, a retrospective chart review of patients who presented to Henry Ford Main Hospital in Detroit, MI between January 1, 2020 and Dec 31, 2020 with a positive urine pregnancy test without an intrauterine pregnancy (IUP) was performed. 118 patients met these criteria. 40 (34%) were immediately diagnosed with an ectopic pregnancy and underwent treatment. The other 78 (66%) were diagnosed with a PUL and instructed to have repeat bhCG in 48hrs. These patients subsequently were without a final diagnosis for an average of 10.5 days. During that time they had 3.1 bhCG lab draws and 2.1 ultrasounds performed. At time of final diagnosis 14 of these patients were diagnosed with an ectopic pregnancy, 28 with a spontaneous abortion, 12 with an IUP, 8 with some other abnormal pregnancy subtype, and 16 were lost to follow up. As time to diagnosis of an ectopic pregnancy worsens outcomes, this data demonstrates the necessity of a project designed to improve management of patient's with PUL.

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