

## METHODS OF TREATMENT IN PREGNANCY OUTSIDE THE UTERUS

**Yuldashova Sogdiyona Utkirjon qizi,  
To'razoda Kumushxon Botirbek qizi,  
Abdullayeva Sabohat Akmal qizi**

*students of the 507th group of treatment faculty of the Tashkent Medical  
Academy.*

**Scientific director:**

**Mamajanova Diyora Mirzaalievna**

**Annotation:** *The main treatment options are: expectant management – your condition is carefully monitored to see whether treatment is necessary. Medicine – a medicine called methotrexate is used to stop the pregnancy growing. Surgery – surgery is used to remove the pregnancy, usually along with the affected fallopian tube.*

**Key words:** *doctor identify, fallopian tube or ovary, diagnose an ectopic pregnancy.*

A pelvic exam can help your doctor identify areas of pain, tenderness, or a mass in the fallopian tube or ovary. However, your doctor can't diagnose an ectopic pregnancy by examining you. You'll need blood tests and an ultrasound.

### Pregnancy test

Your doctor will order the human chorionic gonadotropin (HCG) blood test to confirm that you're pregnant. Levels of this hormone increase during pregnancy. This blood test may be repeated every few days until ultrasound testing can confirm or rule out an ectopic pregnancy — usually about five to six weeks after conception.

A fertilized egg can't develop normally outside the uterus. To prevent life-threatening complications, the ectopic tissue needs to be removed. Depending on your symptoms and when the ectopic pregnancy is discovered, this may be done using medication, laparoscopic surgery or abdominal surgery.

### Medication

An early ectopic pregnancy without unstable bleeding is most often treated with a medication called methotrexate, which stops cell growth and dissolves existing cells. The medication is given by injection. It's very important that the diagnosis of ectopic pregnancy is certain before receiving this treatment.

After the injection, your doctor will order another HCG test to determine how well treatment is working, and if you need more medication.

### Laparoscopic procedures

Salpingectomy and salpingostomy are two laparoscopic surgeries used to treat some ectopic pregnancies. In this procedure, a small incision is made in the

abdomen, near or in the navel. Next, your doctor uses a thin tube equipped with a camera lens and light (laparoscope) to view the tubal area.

In a salpingectomy, the ectopic pregnancy is removed and the tube left to heal on its own. In a salpingotomy, the ectopic pregnancy and the tube are both removed.

Which procedure you have depends on the amount of bleeding and damage and whether the tube has ruptured. Also a factor is whether your other fallopian tube is normal or shows signs of prior damage.

#### Emergency surgery

If the ectopic pregnancy is causing heavy bleeding, you might need emergency surgery. This can be done laparoscopically or through an abdominal incision (laparotomy). In some cases, the fallopian tube can be saved. Typically, however, a ruptured tube must be removed.

Losing a pregnancy is devastating, even if you've only known about it for a short time. Recognize the loss, and give yourself time to grieve. Talk about your feelings and allow yourself to experience them fully.

Rely on your partner, loved ones and friends for support. You might also seek the help of a support group, grief counselor or other mental health provider.

Many women who have an ectopic pregnancy go on to have a future, healthy pregnancy. The female body normally has two fallopian tubes. If one is damaged or removed, an egg may join with a sperm in the other tube and then travel to the uterus.

If both fallopian tubes have been injured or removed, in vitro fertilization (IVF) might still be an option. With this procedure, mature eggs are fertilized in a lab and then implanted into the uterus.

If you've had an ectopic pregnancy, your risk of having another one is increased. If you wish to try to get pregnant again, it's very important to see your doctor regularly. Early blood tests are recommended for all women who've had an ectopic pregnancy. Blood tests and ultrasound testing can alert your doctor if another ectopic pregnancy is developing.

#### Preparing for your appointment

Call your doctor's office if you have light vaginal bleeding or slight abdominal pain. The doctor might recommend an office visit or immediate medical care.

However, emergency medical help is needed if you develop these warning signs or symptoms of an ectopic pregnancy:

- Severe abdominal or pelvic pain accompanied by vaginal bleeding
- Extreme lightheadedness
- Fainting

#### **REFERENCES:**

1. 1.Nuralievna S. N., Islamovna Z. N., Rakhimovna K. D. Prediction of Premature Outflow of amniotic fluid in Preterm pregnancy //International Journal of Psychosocial Rehabilitation. – 2020. – T. 24. – №. 5. – C. 5675-5685.
2. 2.Shavazi N. N., Lim V. I., Shavazi N. M. Influence of threats of the preterm birth to the intra and postnatal periods of infants //Journal of Advanced Research in Dynamical and Control Systems. – 2020. – T. 12. – №. 5. – C. 210-215.
3. 3.Babamuradova Z. B., Shavazi N. N. Assessment of the efficacy and safety of biological agents in rheumatoid arthritis //Journal of Advanced Medical and Dental Sciences Research. – 2021. – T. 9. – №. 6. – C. 26-31.
4. 4.Shavazi N. N. The nature of changes markers of dysfunction of the endothelium in blood of women with premature bursting of amniotic waters //Journal of Advanced Medical and Dental Sciences Research. – 2021. – T. 9. – №. 6. – C. 6-9.
5. 5.Shavazi N. N., Babamuradova Z. B. Efficiency of the risk scale of extreme premature labor //Journal of Advanced Medical and Dental Sciences Research. – 2021. – T. 9. – №. 6. – C. 21-25.
6. 6.Shavazi N. N. Management of pregnant women from a high risk group with threat and premature labor. Prevention of intra-perinatal outcomes //Journal of Advanced Medical and Dental Sciences Research. – 2021. – T. 9. – №. 6. – C. 10-20.
7. 7.Shavazi N. N. et al. Morphofunctional Structural Features of Placenta in Women with Late Preterm Birth //Annals of the Romanian Society for Cell Biology. – 2021. – C. 3820-3823.