

Outline

- Clinical problem
- Appraisal of data to date researching aetiology of ectopic pregnancy
- Limitations of current studies
- New data on risk factors
- Conclusion

Pubmed was searched using the terms 'Fallopian tube' and 'ectopic pregnancy' for studies published from 1999.

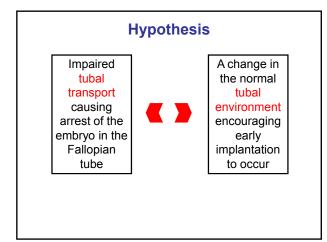
For a study to be included, it needed to be primarily focused on elucidating a functional mechanism behind one of the known risk factors for tubal ectopic pregnancy, such as cigarette smoking, chlamydial infection or IVF.

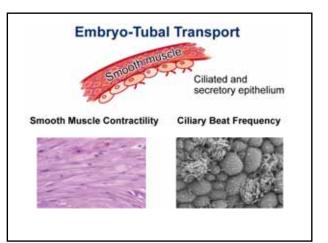
> Studies which were solely epidemiological in nature were not included.

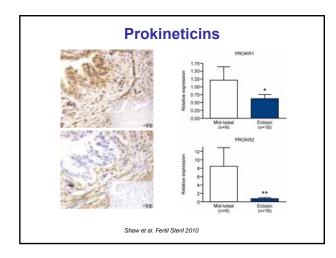
Introduction

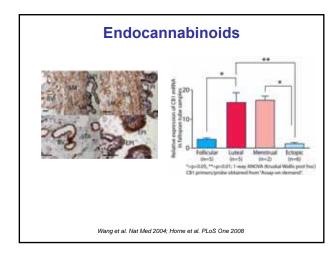
- Pregnancy implanted outside of the uterine cavity
- (>98% implanting in the Fallopian tube)
- 1–2% of all pregnancies in Europe and the USA are ectopic
- In Western world most common cause of maternal mortality in the first trimester of pregnancy
- In developing world 1 in 10 women admitted with a diagnosis of ectopic pregnancy ultimately die from the condition

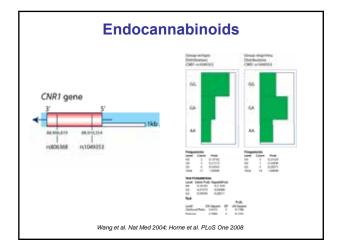
Farquhar, Lancet 2005; Walker, Clin Obstet Gynecol 2007; Varma & Gupta, Clin Evid (Online)2009







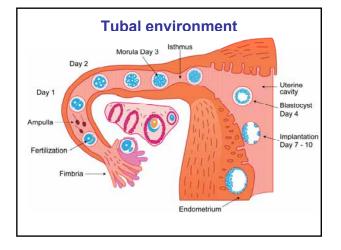


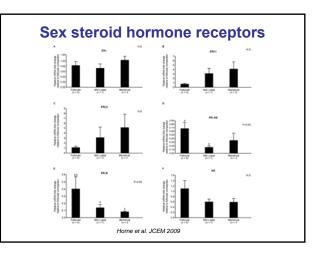


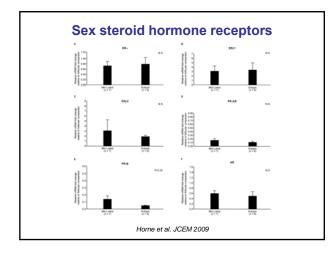
Nitric oxide and nitric oxide synthase

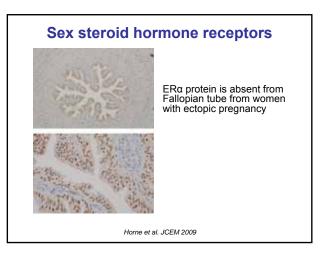
- NO is expressed by Fallopian tube and has relaxing effect on tubal smooth muscle
- Administration of iNOS inhibitors increases tubal smooth muscle contractility in rat
- NO synthesized by iNOS increases ciliary beat frequency in epithelial cells of airway
- iNOS greater in Fallopian tube of women with ectopic pregnancy compared with pseudo-pregnant women

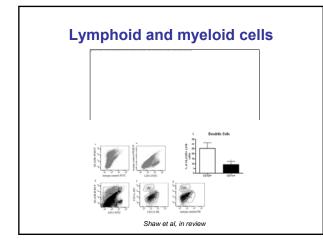
Ekerhovd et al. Gynecol Endocrinol 1997; Perez et al. J Reprod Fertil 2000; Al-Azemi et al. Hum Reprod 2009

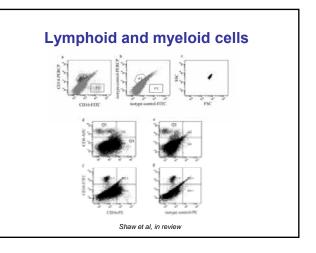


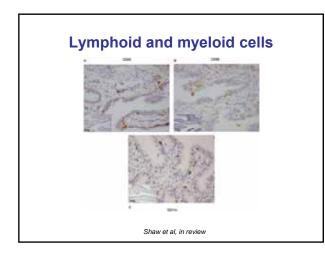


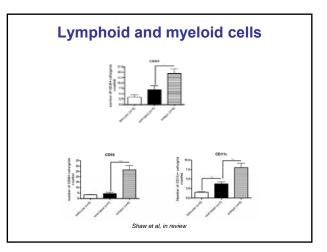




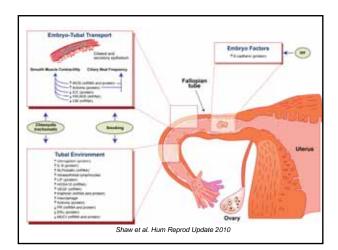








Gene	Ectopic pregnancy	Implantation site	Explanation	Refs
Uteroglobin	Increased	Decreased	?regulated by embryo	Quintar et al, 2008
LIF	Increased	Increased	?chronic salpingitis	Guney et al, 2008; Ji et al, 2009
HOXA10	Increased	Increased	?regulated by embro	Salih & Taylor, 2004
VEGF	Increased	Increased	?regulated by hCG	Lam et al, 2004
MUC1	Reduced Glycosylation altered	Not known	Increased receptivity	Savaris et al, 2008; Al-Azemi et al, 2009
Activins	Increased	Not known	?due to chlamydia	Refaat et al, 2008; Refaat et al, 2009
Trophinin	Increased	Not known	?regulated by hCG	Nakayama et al 2003
Natural antimicrobials	SLPI and elafin increased	Not known	?due to chlamydia	Dalgetty et al, 2008



Limitations of studies to date

- Largely descriptive
- Focus on dysregulated gene or protein expression
- Little analysis of functional consequences of observed changes
- Exact mechanism by which risk factors (e.g Chlamydia trachomatis, smoking) lead to tubal implantation is unexplained

Animal models

Tubal implantation in animals rare

Abdominal cavity most common site

Embryos degenerate rather than implant in obstructed tubes in non-primates

Only three cases reported in primates

Few epidemiological studies in laboratory animals



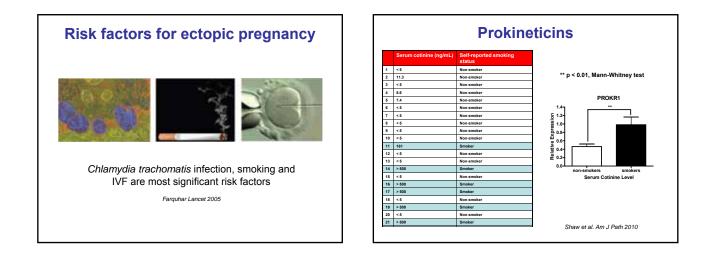
From Corpa, Reprod 2006

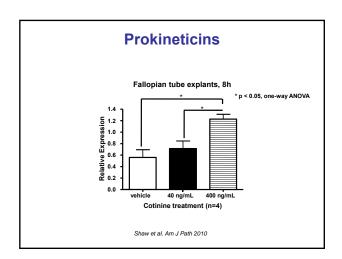
Human in-vivo models

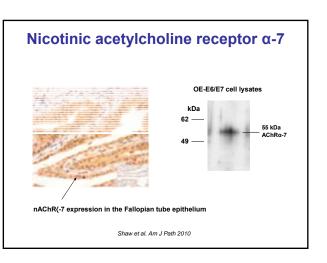
- Difficult to collect Fallopian tube from women with healthy intrauterine pregnancies to compare with ectopic pregnancy
- Closest comparator Fallopian tube from non-pregnant women in mid-luteal phase
- 'Pseudopregnant' women

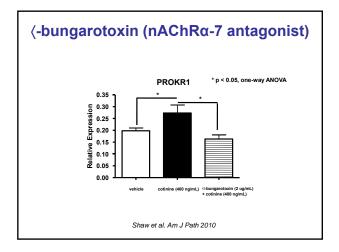
In-vitro models

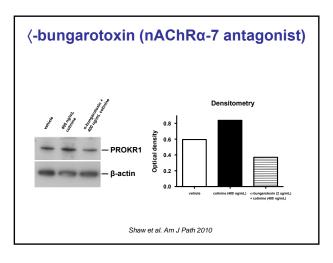
- Numerous co-culture studies with human embryos and endometrium
- Similar Fallopian tube studies lacking
- Isolation of epithelial cells from tube difficult and they lose morphological features
- Only two immortalised oviductal epithelial cell lines



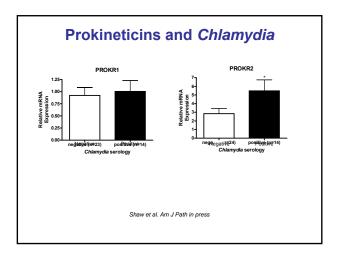


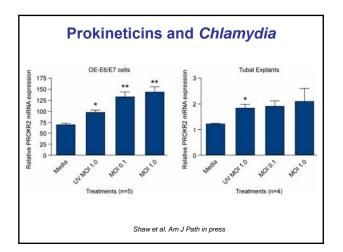


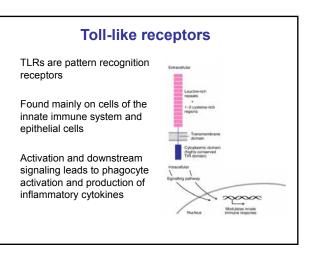


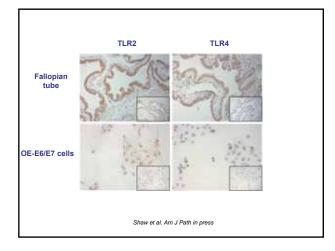


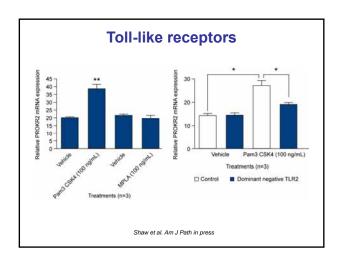
Gene	Fold change	Function	
PDGF-BB	1.5 up	mitogenic, role in wound healing	
leptin	1.9 up	in rat oviductual cells, inhibits uterine contractility, role in embryo development	
eotaxin-2	1.5 up	chemotactic for lymphocytes / neutrophils, not monocytes	
LIGHT	2.0 up	member of TNF family, activates NFKB	
eotaxin-3	1.6 up	chemotactic for basophils / eosinophils	
SCF	1.5 up	stem cell factor, role in implantation	
MCP-2	1.6 up	chemokine for monocytes	
TARC	1.9 up	chemokine for immune cells, expressed by cultured endometrial epithelial cells	
MIP-3 alpha	1.5 up	chemokine for dendritic cells / lymphocytes	
endoglin	1.5 up	anti-angiogenic factor, ↑ in placentas from pre-eclampsia, role in inhibition of trophoblast invasion	
MMP-1	1.6 up	important in menstruation and embryo implantation, ; mRNA in bovine oviduct a mid-luteal phase, inhibits contraction of bovine SM cells	
IL-18 R beta	1.6 up	↓ in secretory endometrium, ↑ in endometrial stromal cells co-cultured with trophoblast cells	
Tie-2	1.6 up	localized to cilia of oviductal epithelium in mice	
TIMP-4	1.6 up	↑ in mid-secretory phase in endometrium localized to the stroma	

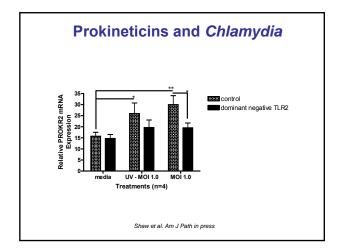


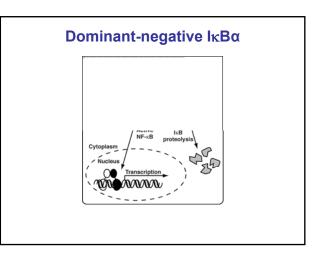


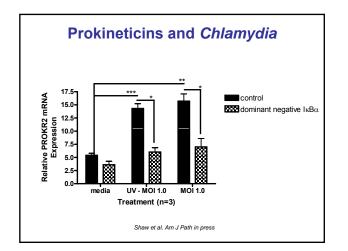


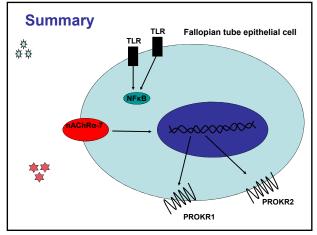












Conclusions 1

- Ectopic pregnancy caused by Fallopian tube dysfunction causing embryo arrest and changes in tubal environment
- No suitable animal models
- Ethical constraints inhibit the collection of Fallopian tube biopsies from women with healthy pregnancies
- Rely on information derived from Fallopian tube biopsies taken from women with ectopic pregnancies rather than prior to the event
- Exact mechanism by which infection, or smoking, leads to tubal implantation remains unexplained

Conclusions 2

- Data to date largely descriptive and mechanistically speculative
- Require studies on functional consequences of smoking and infection on Fallopian tube pathophysiology
- Greater understanding of aetiology of ectopic pregnancy critical for development of improved preventative measures, advancement of diagnostic screening methods and development of novel treatments

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References

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