

considered as the most important risk factor for EP in developing countries. In developing countries, a majority of hospital-based studies have reported EP case fatality rates of around 1–3 %, 10 times higher than that reported in Belarus. The incidence of sexually transmitted infections is decreasing in the Republic of Belarus. Thus, the incidence of gonococcal infection decreased from 994 per 100 thousand population in 2018 to 775 in 2019. The incidence of chlamydia decreased from 51,7 to 43,8 during this period ectopic pregnancy is associated with these infections [5].

Conclusion

It was found that India has high incidence of ectopic pregnancy occurrence, it's complications and mortality rate as compared to Belarus. India being developed and industrialized country is more prone to pelvic inflammatory disease which may contribute to ectopic pregnancy. India has increased population and less medical services as compared to Belarus which has more facilitated medical services and less population, there has been a decrease in the frequency of sexually transmitted infections in recent years. Hospitals should give emphasis on prevention and early detection of risks of ectopic pregnancy and create awareness in order to reduce the burden of ectopic pregnancy. Culdocentesis and laparoscopy have been superseded by non-invasive transvaginal ultrasonography and highly sensitive and accurate beta hCG assays for diagnosis of EP. Timely diagnosis and management in early pregnancy units with point of care ultrasonography can reduce the morbidity and mortality due to ectopic pregnancy.

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THE PREVALENCE OF PRIMARY AND SECONDARY INFERTILITY AMONG THE FEMALES IN SRI LANKA

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Introduction

Infertility is defined as the inability to conceive within one or more years of regular unprotected intercourse. Infertility has become a major problem among the married couples in Sri Lanka [1]. There is also a rapid increase in the infertility rate among women from year to year. The causes of female infertility are abnormalities in ovulation, patency and function of fallopian tubes and endometrial receptivity. Infertility can be classified as primary or secondary. Primary infertility indicates those patients who have never been conceived before. Secondary infertility denotes previous pregnancy but failure to conceive subsequently. Infertility affects millions of people worldwide and has an impact on their families and communities. Reports suggest that around 48 million couples and 186 million individuals live with infer-

tility globally. Information from clinical sources suggests that infertility is an increasing problem in Sri Lanka [1, 2, 3].

Aim

The aim of the study was to give a clear view about the prevalence of primary and secondary infertility among the females in Sri Lanka, to evaluate the distribution of infertility in different age groups, to find out the proportion of infertility in different age groups.

Material and methods of the research

We analysed the results of the study [1], which was made in 2117 primary infertile women and 1604 secondary infertile women who attended the clinic in North Colombo Teaching Hospital (NCTH), Ragama, Sri Lanka from the period of January 2014 to March 2016. Absolute frequencies and their share were used to describe qualitative features. The features were compared using the χ^2 method. Differences were considered significant at $p \leq 0.05$.

The results of the research and their discussion

The results of the studies of primary and the secondary infertile women are given in the table 1. Out of the 2117 primary infertile women 5,8 % (n = 31) were more than the age 35 and the lowest was 0 % (n = 0) between the age 15–19, $p = 0,05$. Out of 1604 secondary infertile women, 34,9 % (n = 58) were more than the age 40 the lowest was 1,7 % (n = 1) between the age 15–19, $p < 0,0001$. The patterns varied not only based on the age of women but also by their occupation, ethnicity, and age of menarche. The most common causes of infertility in primary and secondary infertile women were found to be the ovulatory dysfunction, unilateral tubal occlusion and abnormalities in sexual functions and some other congenital or acquired abnormalities of the genital tract and other pelvic cavity pathologies.

Table 1 — Distribution of primary and secondary infertile women according to the age group

Age group	No. of patients in trial	No. of patients with infertility I	%	No. of patients in trial	No of patients with infertility II	%	p
15–19	58	0	0	58	1	1,7	0,3
20–24	433	10	2,3	320	30	9,3	< 0,001
25–29	535	24	4,4	515	45	8,7	0,005
30–34	561	29	5,1	545	97	17,7	< 0,001
≥ 35	530	31	5,8	166	58	34,9	< 0,001

The graphical representation depicts that age is the crucial factor in determining the infertility rate among women in Sri Lanka (Figure 1).

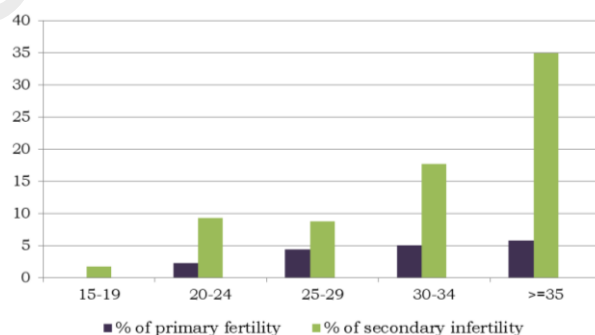


Figure 1 — Graphical distribution of primary and secondary infertile women

The age is the most important factor which plays a major role in infertility. Koetswang et al. [4] demonstrated a similar increase in secondary infertility with advancing age among Thai women of the reproductive age group. It is explained

that with advancing age the effect on the oocyte is in the same manner that how aging affects other body tissues and it has been identified as one of the main causes for impairment of fertility with increasing age.

Conclusion

As mentioned in the above graph and tables the women who are aged above 35 years are affected more by infertility in Sri Lanka. Early diagnosis and appropriate treatment will prevent the increasing of infertility rate among women. Treatment depends on the cause of infertility, but may include counselling, fertility treatments, which include in vitro fertilization [5]. Proper sex education and awareness in the country will help to overcome the current situation on infertility in near future.

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PREVALENCE OF POLYCYSTIC OVARIAN SYNDROME IN YOUNG ADULTS IN SRI LANKA

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Introduction

Polycystic ovary syndrome (PCOS) is one of the most common endocrine disorders in women. It affects a woman's hormone level, higher than the normal level of male hormones. This hormone imbalance causes the body to skip menstrual periods and make it harder to get pregnancy.

PCOS is characterized by hyperandrogenism (which primarily manifests as hirsutism, acne, and, occasionally, virilization), oligoovulation, anovulation, and/or the presence of polycystic ovaries.

Onset of symptoms typically occurs during adolescence. They are menstrual irregularities; primary and secondary amenorrhea, oligomenorrhea, menorrhagia, infertility or difficulty in conceiving insulin resistance and associated conditions; obesity, risk of sleep apnea, non-alcoholic fatty liver diseases. Skin conditions; hirsutism, androgenic alopecia, acne vulgaris, oily skin. associated psychiatric conditions are depression, anxiety disorders [1].

The diagnosis was made by evaluating ovulatory dysfunction and clinical signs of hyperandrogenism, with complete history and physical examinations laboratory tests are performed to confirm biochemical hyperandrogenism and exclude other conditions with a potentially similar clinical picture (e.g., congenital adrenal hyperplasia). Pelvic ultrasound diagnostic may be performed to identify cystic follicles and assess ovarian volume [1, 2, 3].

Management can be lifestyle modifications or specific treatments, according to the reproductive goals of the patient. In women who do not wish to conceive, com-