

Ectopic pregnancy is the most common acute abdomen in gynecology. This affection is any pregnancy in which the fertilized ovum implants outside the intrauterine cavity, most frequently in fallopian tube. Trophoblastic tissue of conceptus grows up aggressively and it causes a lesion surrounding organs and acute and massive intraabdominal bleeding is imminent. Ectopic pregnancy mortality rates is about 1%. Risk factors are especially all of fallopian tube pathology, pelvic inflammatory disease, sexually transmitted diseases, using intrauterine device, methods of assisted reproductive technology, endometriosis, etc. Diagnosis has to be determined very fast. It results from anamnestic dates, like a irregular menstrual period or when the risk factors are present, and physical examination, it could be sings of pregnancy or sings of intraabdominal bleeding there. But most important for diagnosis are repeated ultrasonography examination and biochemical determination of the serum hCG level. Based on all of these informations it is absolutelly necessary to verify or eliminate ectopic pregnancy diagnosis quickly and the current situation has to be resolved. As a differential diagnosis should be mention any affection with intraabdominal bleeding, inflammatory processes, intrauterine pathological gravidity or torsion of ovary. There is a lot of therapeutic possibilities, but in most cases is preferred salpingectomy by laparoscopy. Today it is thought as a best therapy method, which is low-risk and has important advantages. The most important moment is in particular the thinking about the possibility of ectopic pregnancy. But not only at the 35 gynecological surgery, but also at medical department or surgery department can a patient with that diagnosis appear.