

1. History and Implantation

First, one of the major factors in Maria's condition is her **history of PID or Pelvic Inflammatory Disease and salpingitis**. PID is an infection of the **female upper reproductive organs**, including the uterus, fallopian tubes, and nearby tissues. It usually occurs when **bacteria from the vagina or cervix travel upward into the reproductive tract**, causing infection and inflammation.

Salpingitis is the **specific inflammation or infection of the fallopian tubes**. When the tubes become infected, the body responds with **inflammation and tissue damage**. As the body heals from this infection, it forms **scar tissue**, which is thicker and less flexible than normal tissue. This healing process can also lead to **adhesions**, which are bands of scar tissue that cause nearby tissues or organs to stick together.

Because of this **scarring and adhesions**, the fallopian tube can become **narrowed, partially blocked, or distorted**, making it difficult for the fertilized ovum to pass through normally. Normally, after fertilization, the **zygote travels through the fallopian tube toward the uterus**, where implantation should occur.

However, in Maria's case, because of the **narrowing and obstruction caused by previous PID and salpingitis**, the fertilized ovum was **unable to reach the uterus**. Instead, it became **trapped inside the fallopian tube and implanted there**, which eventually resulted in an **ectopic pregnancy**.

Here is your **enhanced Pathophysiology Connection Script** with **~60% English and 40% Tagalog**, smoother flow, and **natural reporting tone** (parang conversational but still professional for presentation).

2. Tubal Rupture and Pain

As the embryo continued to grow inside the narrow tube, **the fallopian tube was not able to stretch enough to accommodate it**. Dahil manipis lang ang structure ng tube, eventually **nag-rupture ito**, which caused Maria's **sharp and stabbing pain in the right lower quadrant**.

Kasabay nito, ang dugo na nag-leak mula sa ruptured tube ay **naipon sa peritoneal cavity**. This blood irritated the **diaphragm and the phrenic nerve**, kaya nakaranas si Maria ng **referred pain sa right shoulder**. Kahit na nasa abdomen ang source ng problem, ang pain ay nafi-feel sa shoulder dahil sa shared nerve pathways.

3. Vaginal Spotting and Hormonal Changes

Maria also experienced **dark-brown vaginal spotting**, which is related to **hormonal changes**. Habang nagfa-fail ang ectopic pregnancy, **bumababa ang progesterone levels** in the body. Dahil dito, **nagsisimulang mag-breakdown ang uterine lining**, causing the **dark-brown spotting** that she observed.

4. Hypovolemic Shock and Vital Signs

At this point, Maria is already experiencing **hypovolemic shock due to internal bleeding**. Ang kanyang **low blood pressure of 90/60 mmHg** and **elevated heart rate of 110 bpm** are clear signs that the body is trying to compensate for the **loss of circulating blood volume**.

Dahil bumababa ang blood volume, **nakakaranas siya ng dizziness when standing** dahil hindi sapat ang blood flow papunta sa brain. Napansin din ang kanyang **pale, cool, and diaphoretic skin**, which indicates that the body is **redirecting blood flow to vital organs like the brain and heart** as a compensatory mechanism.

5. Abdominal and Pelvic Findings

Maria's **abdominal guarding and rebound tenderness** are caused by the **blood that accumulated in the peritoneal cavity**, which irritates the peritoneum.

During the pelvic examination, **cervical motion tenderness** was noted. Ito ay nangyayari dahil sa **inflammation and internal bleeding in the pelvic area**. In addition, an **adnexal mass** was palpated, which represents the **ectopic pregnancy located within the fallopian tube**.

6. Laboratory and Diagnostic Confirmation

Finally, the **laboratory and diagnostic findings confirm the condition**. Maria's **β -hCG level of 2,500 mIU/mL** suggests that the pregnancy is **not progressing normally**.

Sa ultrasound naman, nakita ang **empty uterus** together with **free fluid in the cul-de-sac**, which strongly indicates that the pregnancy is **outside the uterus and may already be causing internal bleeding**.

Supported din ito ng kanyang **low hemoglobin level of 9.8 g/dL**, which shows that **significant blood loss has already occurred** due to the ruptured ectopic pregnancy.

If you want, I can also **shorten this into a 1–2 minute speaking version** (many instructors prefer this for reporting so it **doesn't sound too long during presentation**).