

Fig. 1. Levels of serum creatine kinase in tubal EP, IU abortion and control groups

When using CK-MB concentration of 4.55 IU/ml as a cut-off value for the diagnosis of tubal ectopic pregnancy from control groups, sensitivity was 81.64%, specificity 84.3%, the positive predictive value was 88.5% and the negative predictive value 71.4%.

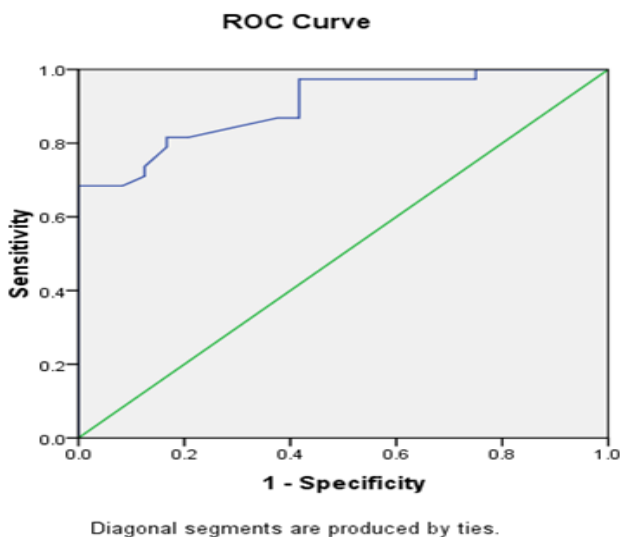


Fig. 2. Receiver Operator Characteristic (ROC) curves of increased total creatine kinase levels as diagnostic tests for ectopic pregnancy from control groups.

The concentration of creatine kinase (CK) and serum β -hCG levels in ruptured and unruptured of tubal ectopic pregnancy (EP) and control groups.

Fig. 5 shows the mean serum creatine kinase level in the ruptured ectopic pregnancy group was significantly higher than the levels in the unruptured ectopic pregnancy ($P = 0.0001$), and

normal pregnancy ($P < 0.0001$) groups. No significant difference in β -hCG levels between ruptured and unruptured ectopic pregnancies. The ROC curves demonstrated a significant discriminatory ability of increased CK levels in ruptured ectopic pregnancy from unruptured. The AUC for CK in ruptured was 0.974 (95% CI: 0.926–1.022). A significant difference was found in ruptured EP ($P < 0.001$).

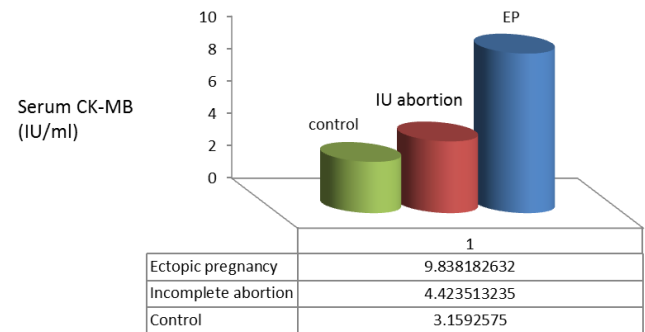


Fig. 3. Levels of serum CK-MB in EP, IU abortion and control groups.

When using CK ruptured concentration of 29.43 IU/ml as a cut-off value for the diagnosis of ruptured ectopic pregnancy from unruptured groups, sensitivity was 92%, specificity 100%, the positive predictive value was 100%, the negative predictive value 96% and efficiency 97.4%.

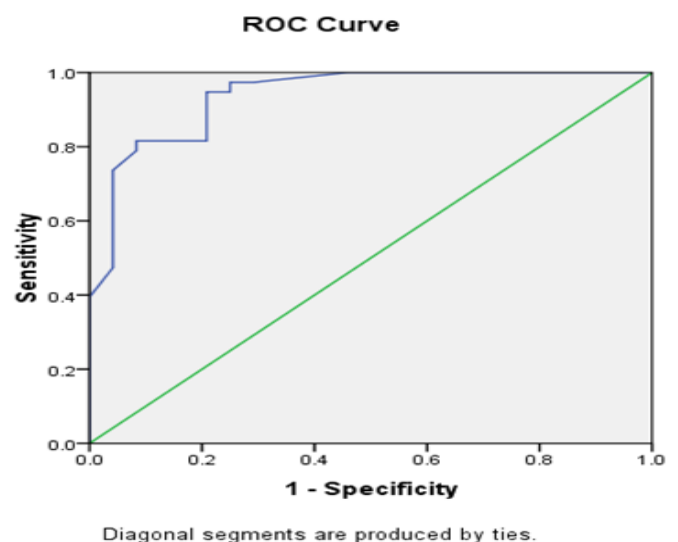


Fig. 4. Receiver Operator Characteristic (ROC) curves of increased CK-MB levels as diagnostic tests for tubal ectopic (EP) from control groups.