

EP16.34 Expectant management of intramural pregnancy resulting in an extreme preterm liveborn.

Case Report and literature review

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Introduction

Intramural pregnancy is a rare subtype of intrauterine pregnancy characterized by eccentric implantation of the gestational sac, beyond the endometrial-myometrial junction without relation to the Fallopian tube, that can lead to life-threatening complications. Early diagnosis is critical, as detection later in pregnancy becomes challenging due to the effaced endometrial lining.

Case Report

A 33-year-old nulliparous woman experienced recurrent acute abdominal pain episodes during pregnancy. At 16 weeks she presented with acute abdomen and hemodynamic shock. After initial stabilization, ultrasound and MRI imaging were indicative of an intramural pregnancy. At 26 weeks, an emergency laparotomy was performed due spontaneous uterine rupture. After delivery of the neonate a hysterectomy was required to achieve hemostasis.

Literature review

Literature review on intramural pregnancies diagnosed beyond 14 weeks identified 32 case reports, including this case. Herein, 31% (10/32) had a spontaneous uterine rupture, 16% (5/32) required a total hysterectomy and in only 53% (17/32) of the pregnancies the baby was still alive at discharge.

Conclusion

Given the life-threatening risks associated with intramural pregnancies to both the mother and unborn child, early termination may often be a safe option. However, these pregnancies may still be considered potentially viable.

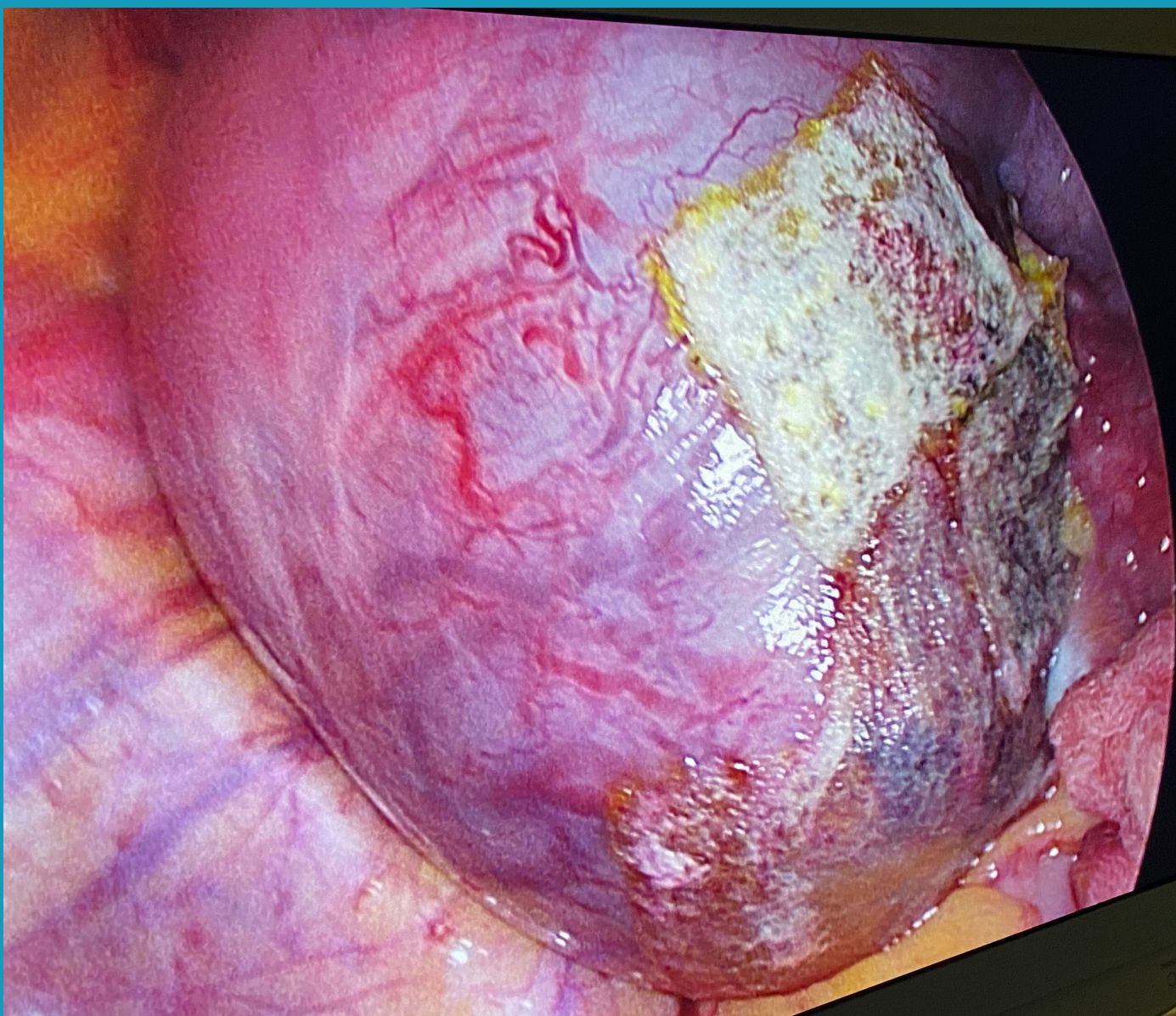


Figure 1. Exploratory laparoscopy at 16 weeks showing right uterine fundal bulge.

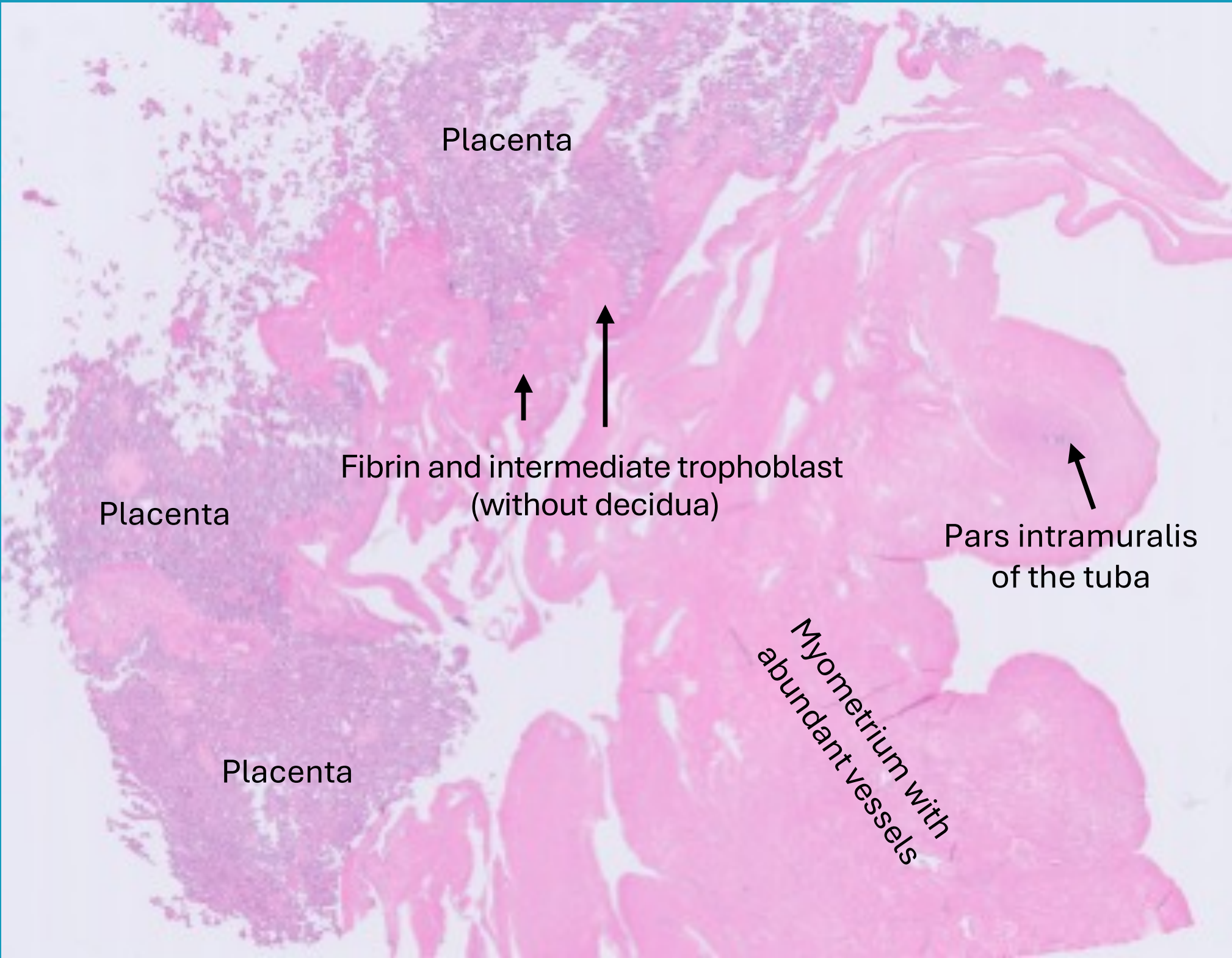
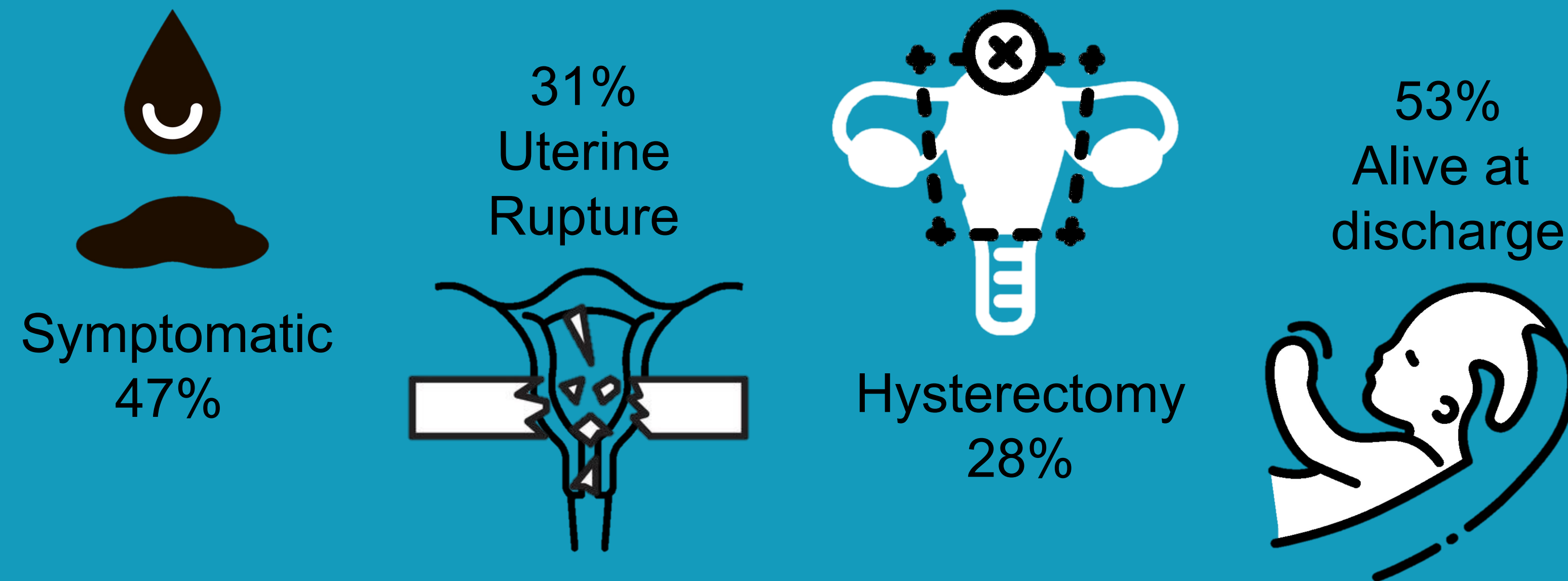


Figure 2. H&E stain of right fundal uterine region.



Literature review of intramural pregnancy outcomes after 14w gestation. N=32 cases.