

EP 03.06 A 3 case series of Interstitial Ectopic Pregnancy management with sistemic and local laparoscopic metrotrexate at hospital el Carmen de Maipú, Chile

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Introduction

Conservative management of interstitial ectopic pregnancy includes expectant or methotrexate treatment (systemic and/or local). Local injection under US or laparoscopy offers higher success and fewer side effects. We report 3 cases from 2024 treated with systemic + local methotrexate, achieving 100% success despite high β -HCG levels.

Case 1: Nulliparous, mild abdominal pain, β -HCG 10,211 mIU/mL, 19 mm interstitial pregnancy. Treated with MTX 50 mg intracornual (laparoscopy) + 50 mg IM.

Case 2: Multiparous, asymptomatic, β -HCG 3,653 mIU/mL, 15 mm interstitial pregnancy. Same MTX regimen (50 mg intracornual + 50 mg IM).

Case 3: Multiparous with menstrual delay and mild pain. β -HCG 26,421 mIU/mL. TVU: 19 mm interstitial pregnancy (score 4). Treated with 100 mg IM methotrexate, good response.

Conclusion Conservative management of interstitial pregnancy with systemic and local methotrexate achieved a **100% success rate even at high β -HCG levels**, without complications and with fertility preservation, representing a safe and effective alternative to surgery.

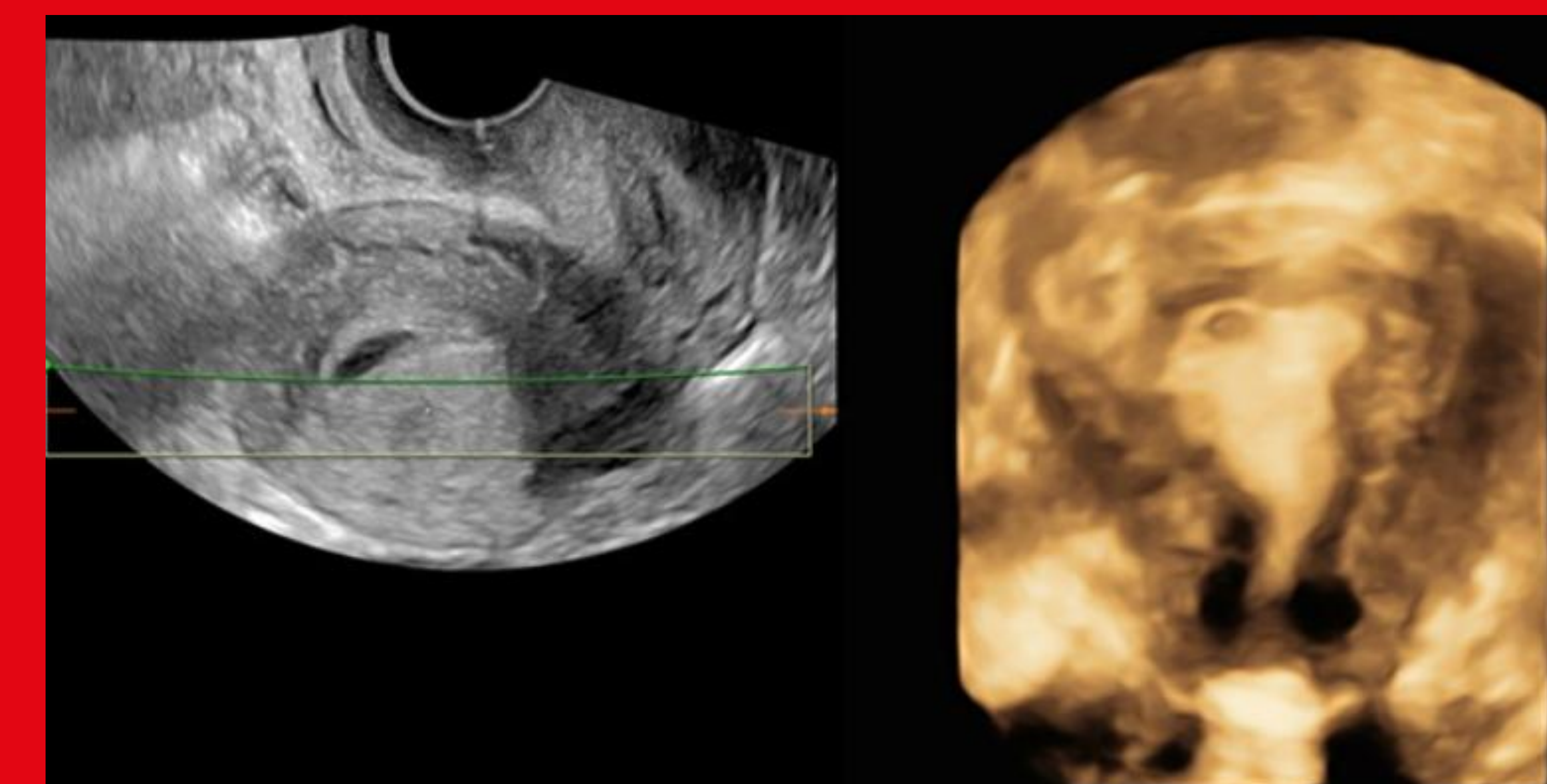


Figure 1. 3D transvaginal ultrasound, Case 2.

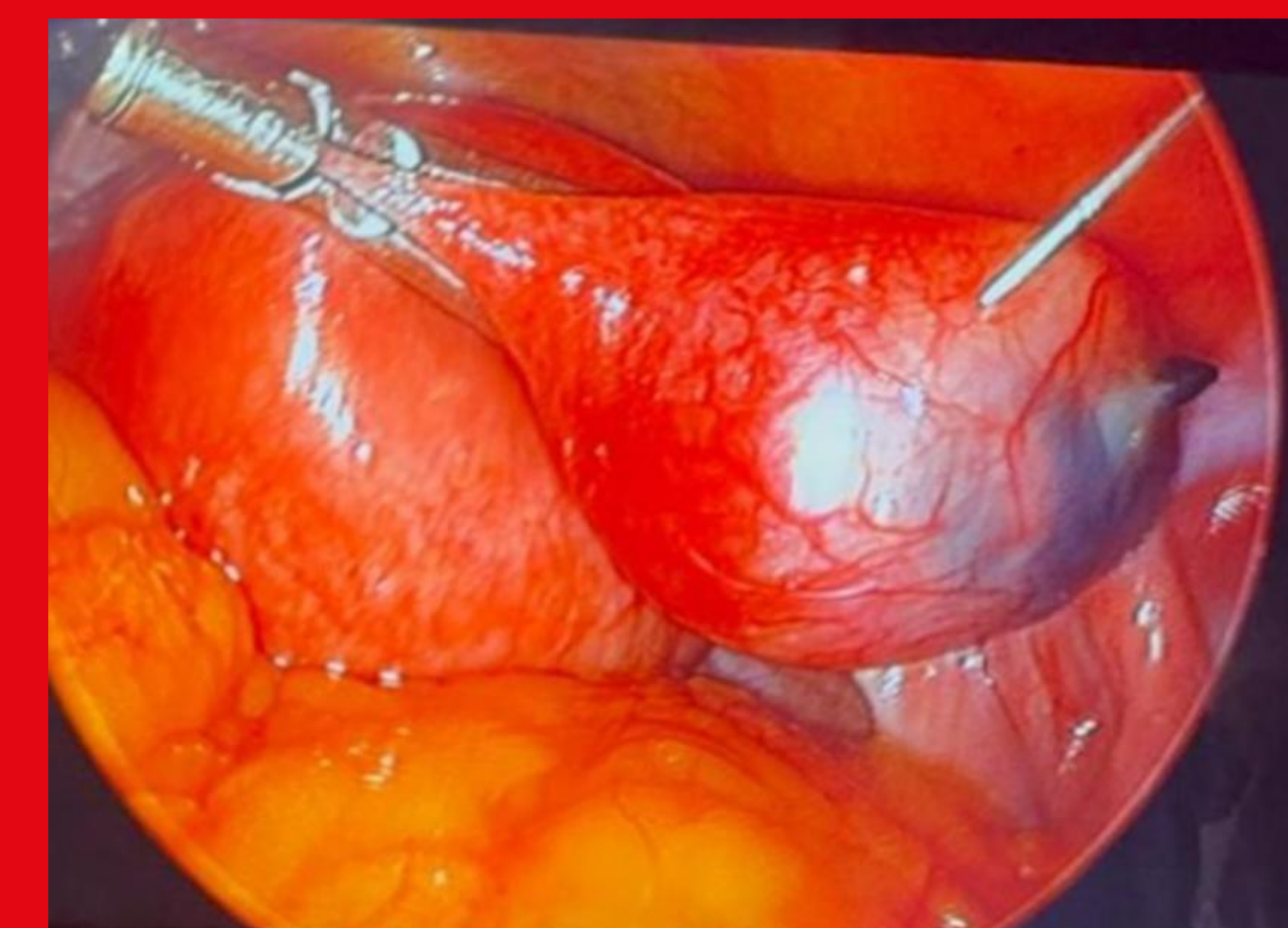


Figure 2. Laparoscopic view, Case 1: Injection of 50 mg intracornual methotrexate

