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Intramural Ectopic Pregnancy at a Myomectomy Scar: Ultrasound Diagnosis and Successful Conservative Management.

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Introduction A 31-year-old woman presented with severe dysmenorrhea (painful menstruation) and heavy menstrual bleeding for the past 10 months.

Initial Evaluation Imaging Findings

Pelvic ultrasound and MRI showed a 5 × 4 cm right lateral wall intramural fibroid, contacting the endometrium.

Surgical Management

Laparoscopic adhesiolysis and myoma enucleation performed.

Endometrial cavity was opened during fibroid removal.

Myoma bed repaired with two-layer suturing.

Fibroid removed by contained morcellation.

Uneventful postoperative recovery.

Laboratory Findings

β-hCG & Management

Serial β-hCG increased from 1,900 to 5,400 IU/mL.

Management options, including methotrexate and possible suction evacuation, were discussed.

Patient opted for conservative management with methotrexate.

Outcome

Follow-up ultrasound showed complete resolution of the gestational sac.

β-hCG decreased to 18 IU/mL, confirming successful resolution.

Follow-up

Ten months later, the patient presented with an early pregnancy.

Single non-viable intrauterine gestational sac, corresponding to 5 weeks 4 days.

Sac located in the upper uterine corpus, extending beyond the endo-myometrial junction with an intramural component along the right lateral myometrium. Adjacent trophoblastic reaction.

Repeat Ultrasound – 1 Week Later

Further extension of the myometrial component.

3D imaging demonstrated deep myometrial extension of the gestational sac.

Colour Doppler showed increased peritrophoblastic flow.

No attenuation of the overlying myometrium.

Conclusion

Consider intramural pregnancy in women with previous myomectomy and early pregnancy implanted within the myometrium.

Ultrasound with 3D imaging and colour Doppler is crucial for early diagnosis.

In selected, stable patients, methotrexate can achieve complete resolution, avoiding surgery.



Figure 1. Single intrauterine gestational sac with myometrial component.

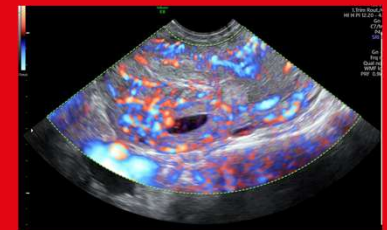


Figure 2. Colour Doppler showing peritrophoblastic flow around myometrial component of gestational sac.

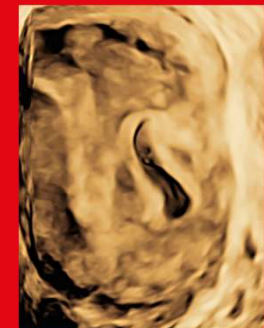


Figure 3- 3d rendering showing myometrial ectopic.