

isuog2026.05c0182. Evidence-based management of intramural pregnancy

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Introduction

Intramural pregnancy (IMP) is a rare (<1%) and life-threatening ectopic condition lacking standardized management guidelines. This systematic review analyzes key clinical parameters – gestational age, β -hCG levels, sac diameter, and residual myometrial thickness – and evaluates treatment options (expectant, medical, surgical) to propose a tailored management algorithm.

Methods

Following PRISMA guidelines, PubMed, Scopus, and Web of Science were searched (1990-2024) for English and French studies on ultrasound-diagnosed intramural pregnancies. Clinical data extraction and risk of bias assessment were performed using Joanna Briggs Institute (JBI) tools.

Results

Among 96 intramural pregnancy cases (71 studies), surgery predominated (68.8%) for high-risk profiles (β -hCG >20,000 mIU/mL, gestational age >60 days, sac diameter >30 mm, myometrial thickness <4 mm); of these, 31 cases had subserosal characteristics. Expectant management succeeded completely in select stable patients (n=8), while medical treatment achieved 59.1% success (n=22). Prior uterine surgery was the primary risk factor (68.8%), followed by assisted reproduction (17.8%) and adenomyosis (8.1%).

CONCLUSIONS

Early diagnosis and tailored management are vital to prevent uterine rupture and preserve fertility. While conservative approaches succeed in early stages, surgery remains essential for advanced cases. **Guiding treatment via β -hCG levels, sac diameter, myometrial thickness, and subtype classification (true intramural vs subserosal) is critical for optimal outcomes.**

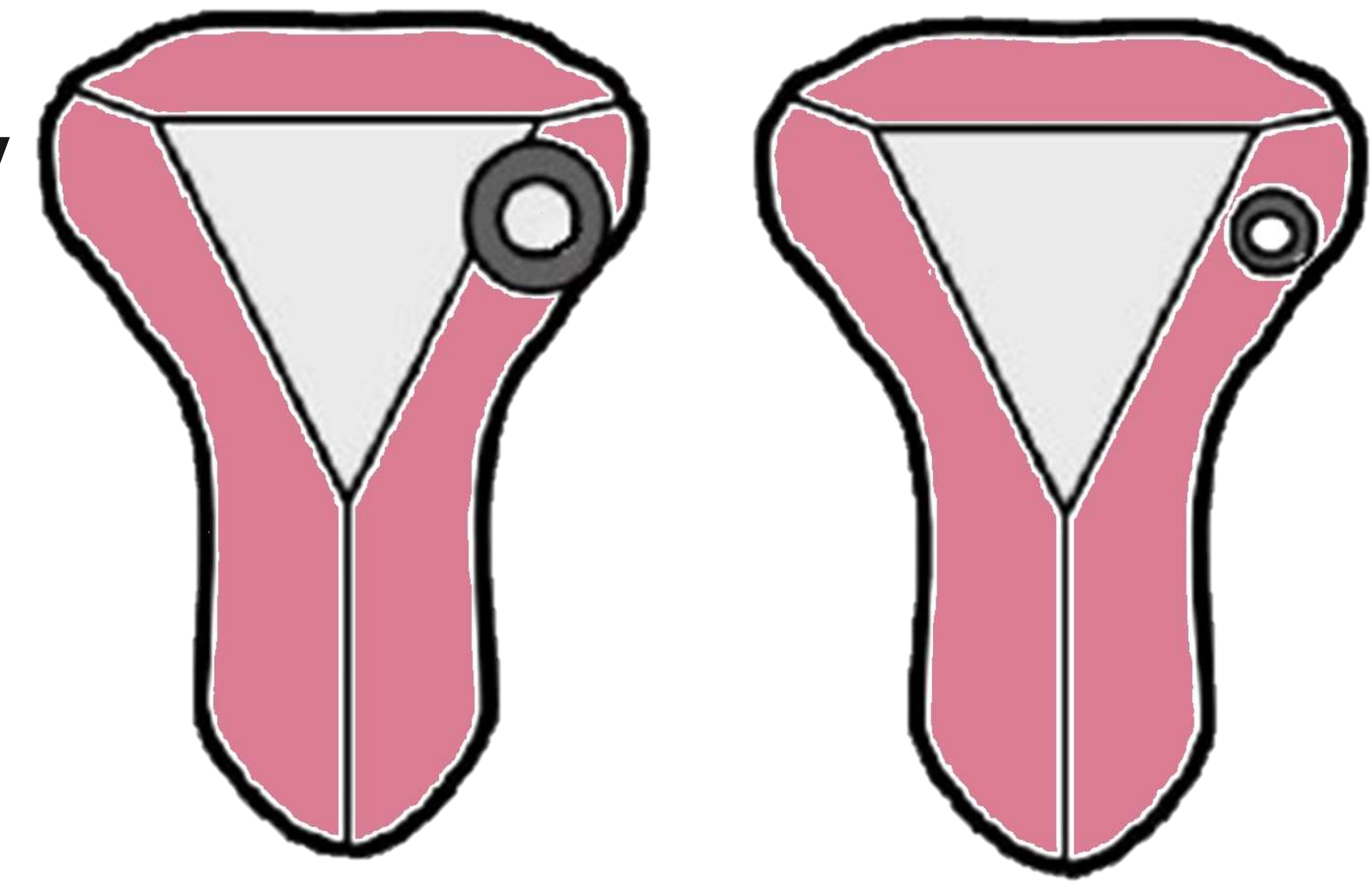


Figure 1: ESHRE classification for partial and complete intramural ectopic pregnancy

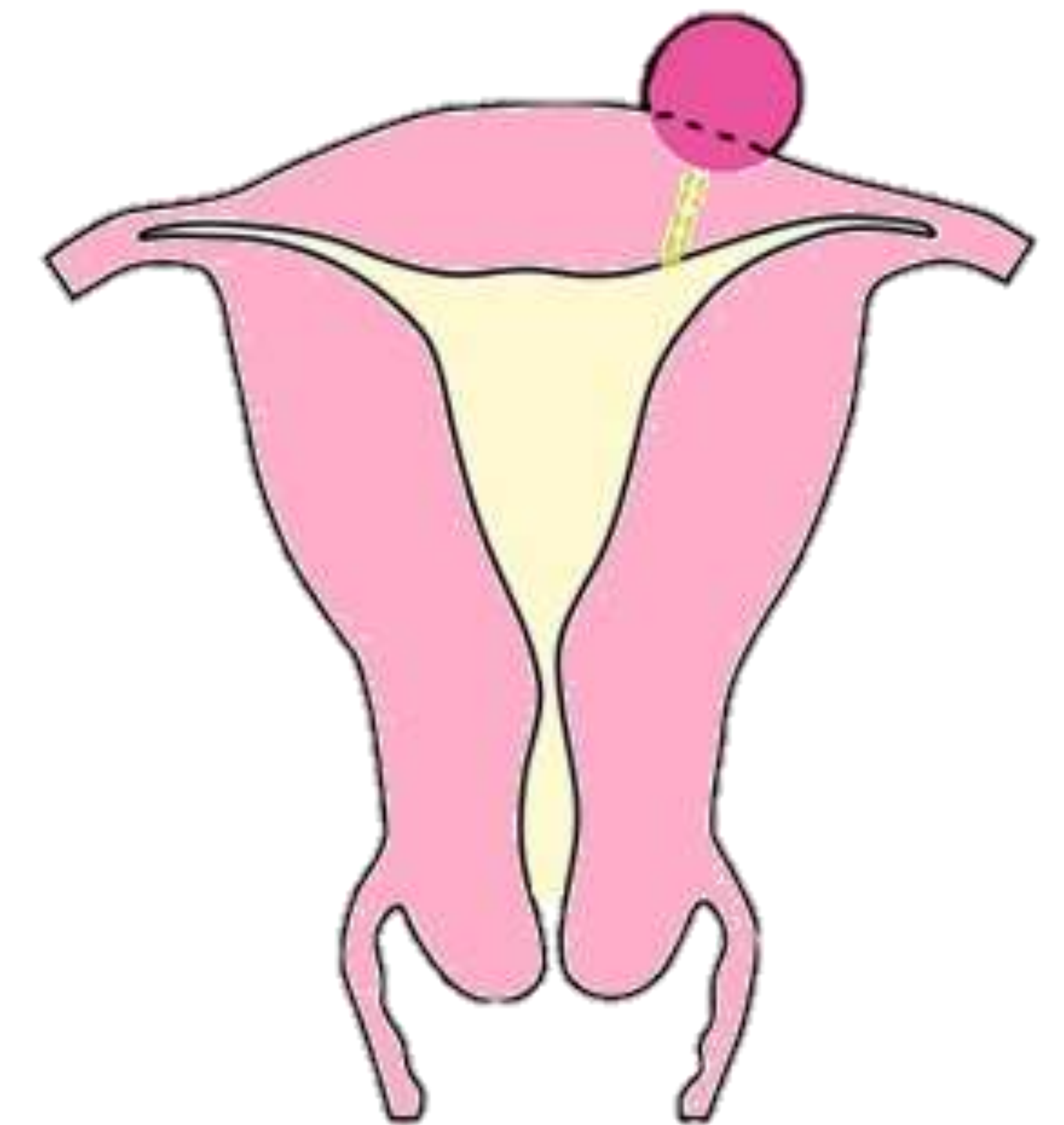


Figure 2: Subserosal pregnancy