

Interstitial pregnancy: Two case reports of successful expectant and medical management

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Introduction

Interstitial pregnancy is an uncommon and complex subtype of ectopic pregnancy, accounting for approximately 2–4% of all ectopic gestations. (Stoyanova N, 2025) It occurs when implantation takes place within the interstitial portion of the fallopian tube, which traverses the myometrium before opening into the uterine cavity.

Case 1

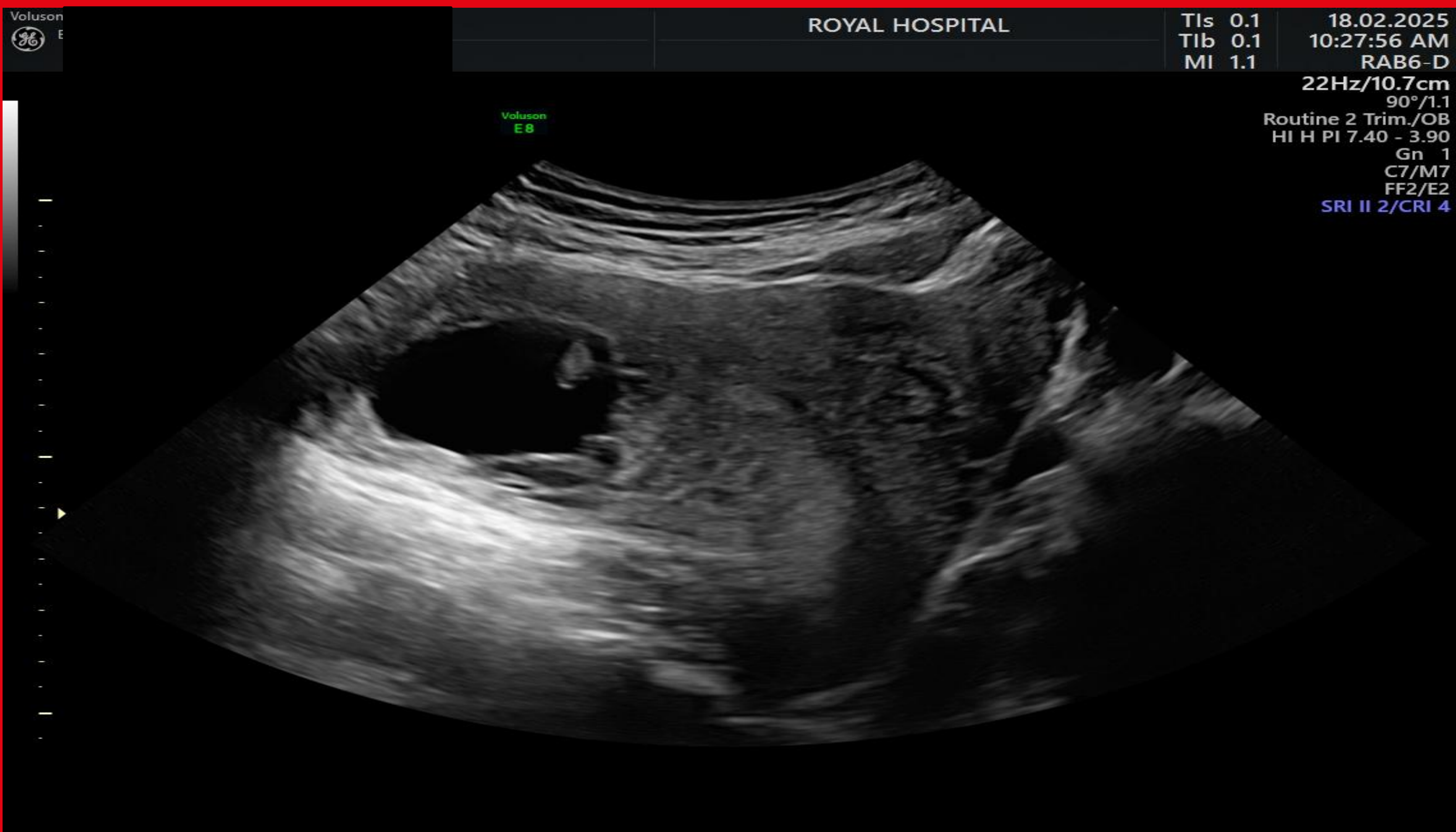
A 35 years old ,G5 P4 at 10 weeks of gestation presented to the emergency room with the complaint of vaginal spotting. Ultrasound reported normal endometrium measuring 1.5 cm, with no intra uterine gestation sac, a right Interstitial gestational sac noted with a fetal pole and no cardiac activity. Her first beta HCG reading was 16178 mIU/mL. She was followed up conservatively since she was clinically stable. After 6 months, a repeated scan showed a thin endometrial lining with no interstitial pregnancy and a negative BHCG value.

Case 2

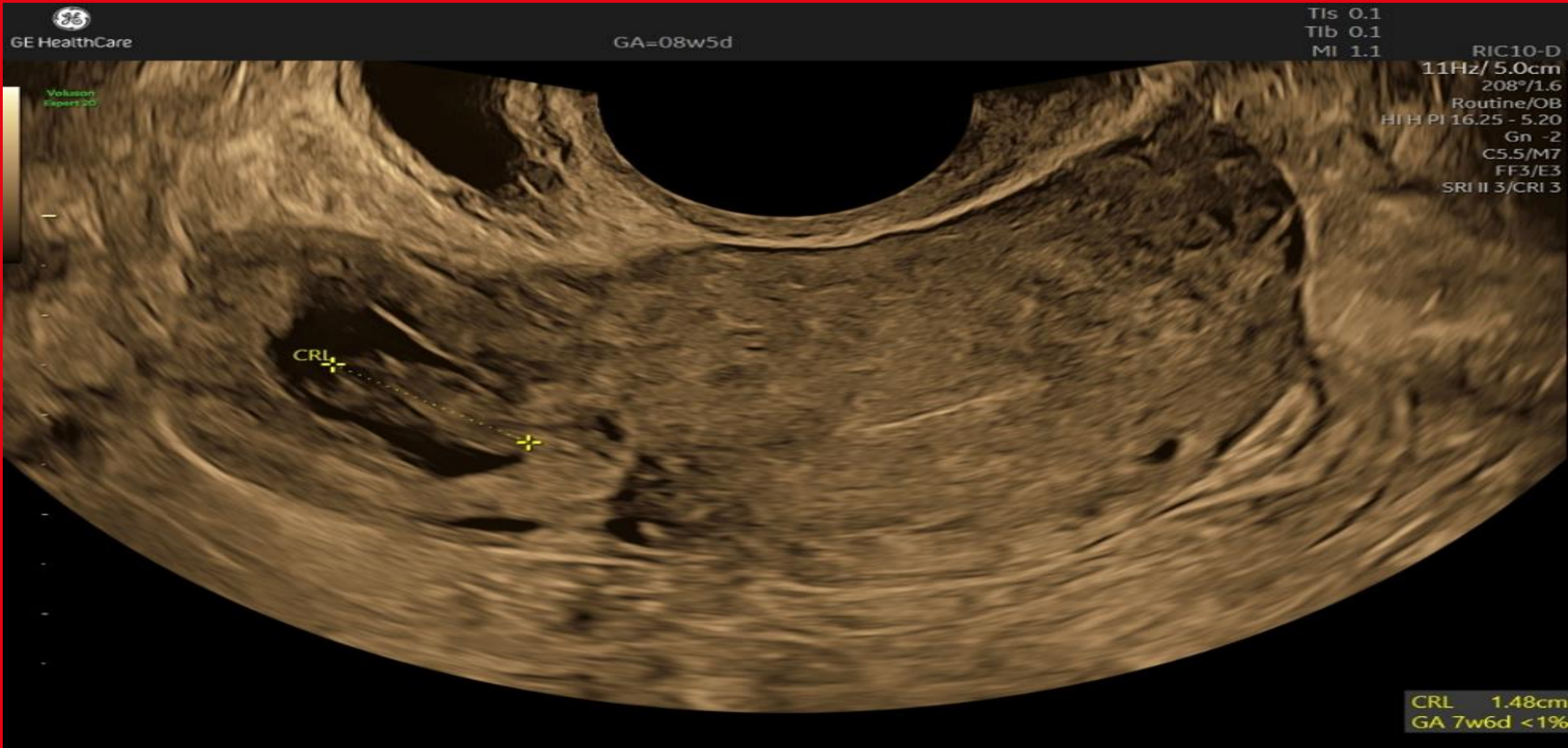
A 40 years old, G5 P1 presented at 8 weeks of gestation with vaginal bleeding. She was clinically and vitally stable. Her initial beta HCG value was 28108 mIU/mL with a scan finding of a right interstitial pregnancy with a viable fetus of 7 weeks size. She opted for medical management with Methotrexate injection. Under ultrasound guidance , 2 ml KCL was injected for feticide, followed with local Methotrexate injection into the gestational sac. Serial Beta HCG measurements continued to drop implicating a successful medical management.

Conclusion

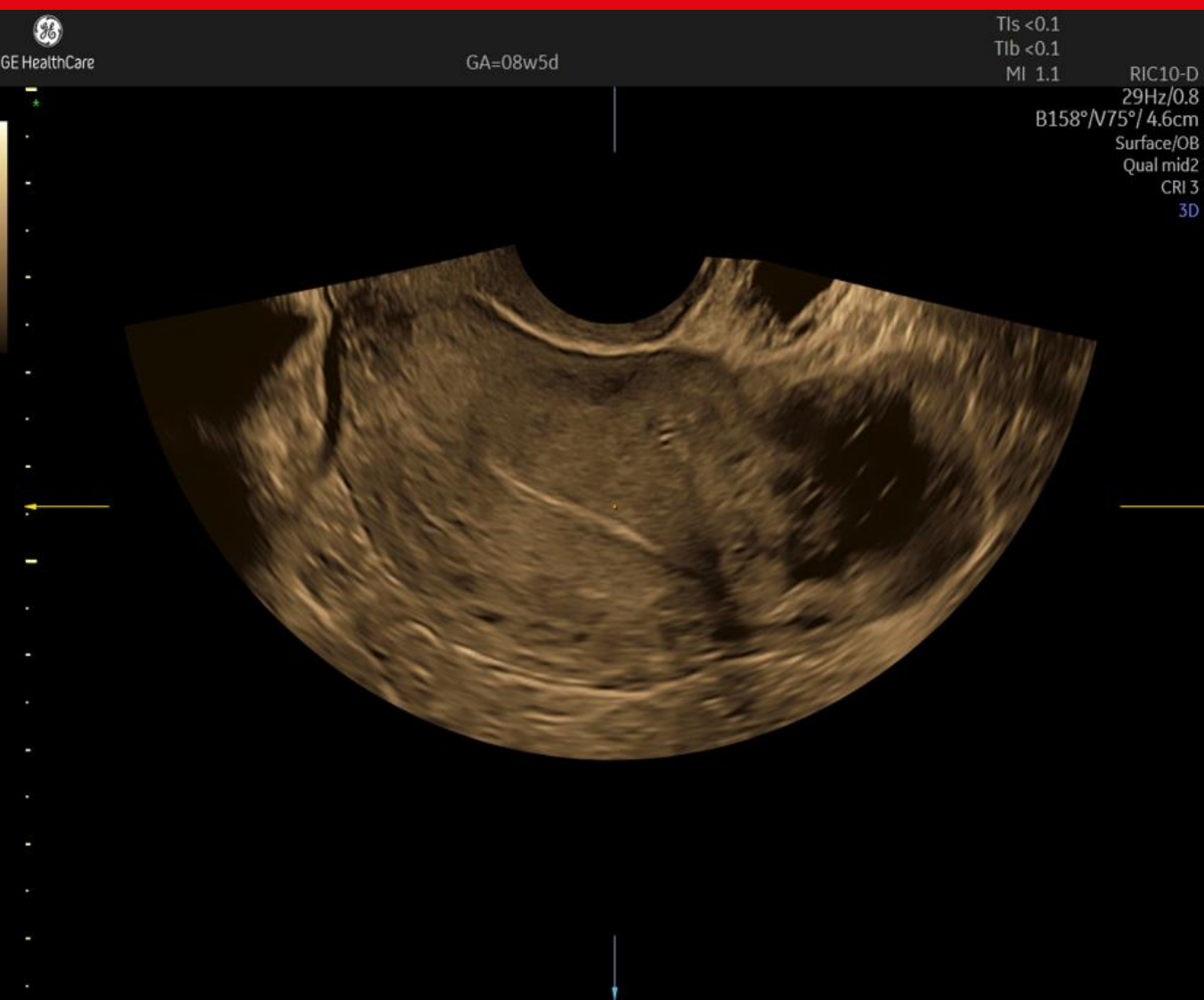
While surgical intervention has traditionally been considered the definitive treatment, our experience demonstrates that with careful patient selection, thorough counseling, and close follow-up, conservative modalities such as expectant management and local methotrexate injections can be successfully employed.



Case 1. Trans abdominal scan (coronal view) showing IP with fetal pole corresponding to 6 weeks 6 days



Case2: Transvaginal Ultrasound scan showing Right interstitial pregnancy with fetal pole and cardiac activity at 7 weeks 5 days



Case 1 and Case 2 post treatment showing complete resolution