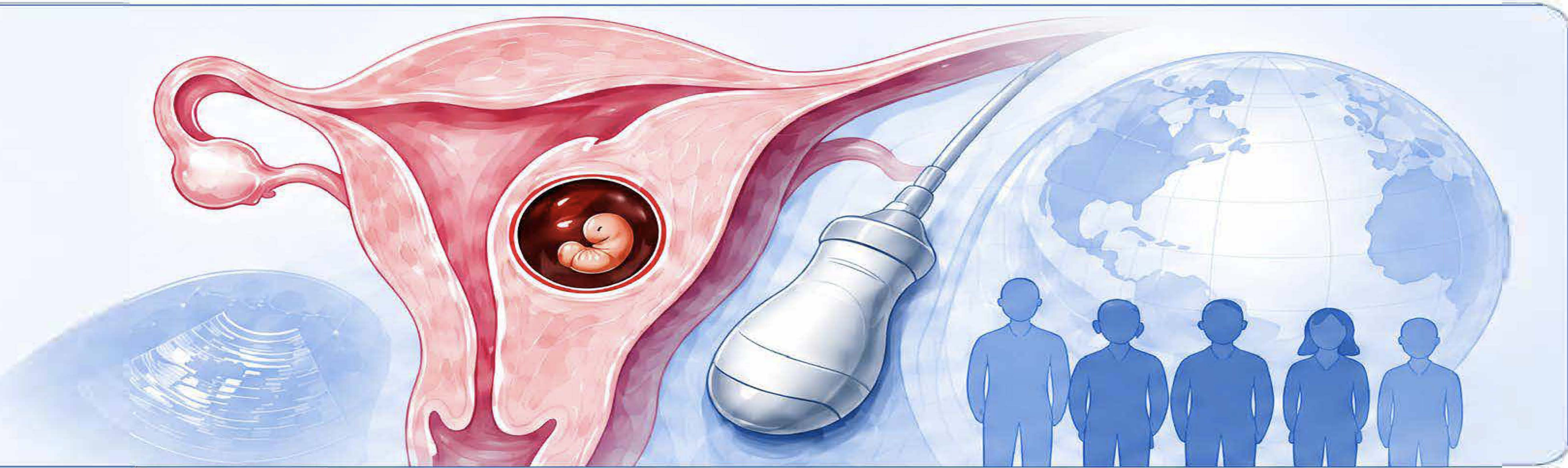


Intramural ectopic pregnancy: early insights from the first international prospective registry



Simrit Nijjar¹, Munira Oza, Guglielmo Stabile, Andrea Woolner, Cecilia Bottomley, Davor Jurkovic, on behalf of the IMP Registry Steering Committee
¹EGA Institute for Women's Health, Faculty of Population Health Sciences, University College London, UK.



1 Introduction

Intramural ectopic pregnancy (IMEP) is a rare ectopic pregnancy implanted within the myometrium, separate from the endometrial cavity and fallopian tube. Diagnosis and management remain challenging.

Evidence is limited to small retrospective case series, with no agreed diagnostic criteria or management guidance.



2 Objectives & Methods

Objectives

This study aimed to describe early diagnostic, ultrasound and management characteristics of IMEP in an international prospective registry.

Methods

The registry collects standardised data on IMEP, including presentation, ultrasound findings and management outcomes. Cases were contributed by multiple international centres and confirmed by expert ultrasound review. Descriptive analysis of cases was performed.



Prospective registry established in 2025



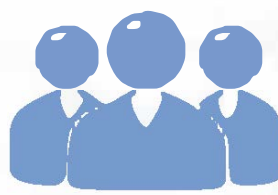
Standardised data collection from multiple centres



Expert review of ultrasound findings

3 Results

Cohort overview



8 cases analysed (3 further registered)



Median maternal age: 33 years (range 30–38)

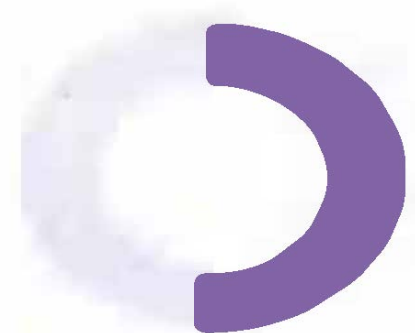


Gestational age at diagnosis: 6+2 weeks (range 6+0–7+1)

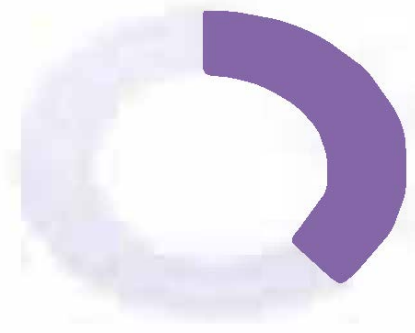


Median number of scans before diagnosis: 2 (range 0–8)

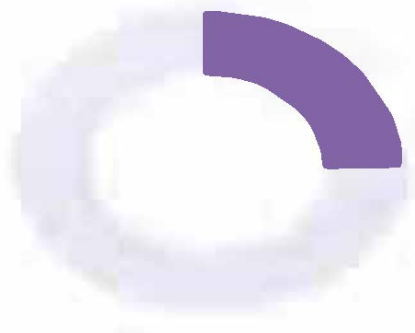
Background characteristics



Prior uterine surgery 5/8 (63%)



No prior surgery 3/8 (37%)

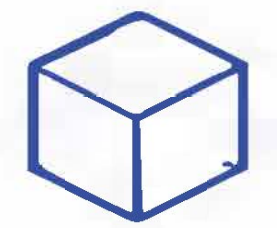


Recurrent IMEP 2/8 (25%)

Diagnostic approach



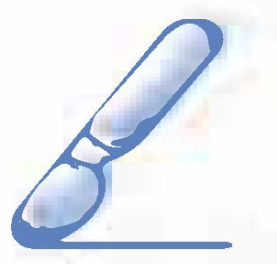
Transvaginal ultrasound: 8/8 (100%)



Three-dimensional imaging: 7/8 (88%)

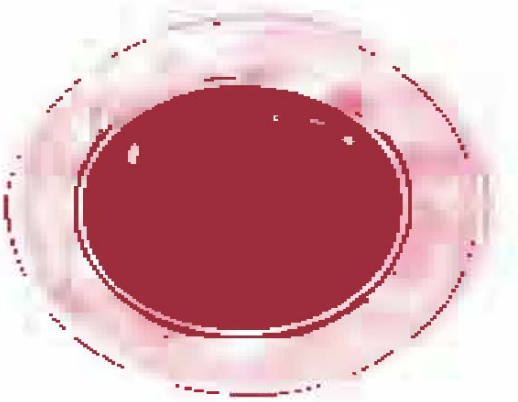


Colour Doppler: 8/8 (100%)



Recognised only intraoperatively in 1 case

Ultrasound morphology of IMEP



Solid heterogeneous lesions 4/8 (50%)



Gestational sac 4/8 (50%)

Fetal cardiac activity present in 2/4 (50%)



In 3/8 (38%) cases the IMEP was misclassified as a miscarriage or interstitial pregnancy.

4 Management following diagnosis



Transcervical evacuation

3/8 (38%)



Laparoscopic excision

2/8 (25%)



Systemic methotrexate

2/8 (25%)



Expectant management after prior suction curettage

1/8 (13%)



Repeat intervention required in 1 case due to retained tissue.

5 Discussion



More than one-third of cases were initially misclassified.



Variable ultrasound morphology may contribute to diagnostic difficulty.



Management varied substantially, reflecting limited evidence and absence of agreed guidance.



Expert review and standardised prospective data collection may improve case definition.

6 Conclusions

These preliminary findings demonstrate the feasibility and value of prospective international data collection for IMEP. The registry provides a platform to develop reproducible diagnostic criteria and inform evidence-based management.

This registry is ongoing and data collection continues.



Submit cases now!



Correspondence: uclh.impregistry@nhs.net