



## OBJECTIVES

To evaluate the diagnosis, management strategies, and outcomes of interstitial ectopic pregnancies managed at Whipps Cross Hospital over a five year period and to assess adherence to recommended standards.



## METHODS

A retrospective audit was conducted of all suspected interstitial ectopic pregnancies managed between January 2020 and November 2025. Data collected included patient demographics, ultrasound findings, management approach, surgical technique, complications, and follow up. Cases were reviewed against recognised diagnostic criteria and local early pregnancy guidelines.



## RESULTS

20 interstitial ectopic pregnancies identified.

- Mean gestational age at presentation 7+1 weeks, mean sac size 29.5 mm.
- Surgical management in 75% of cases.
- Expectant management attempted in 35% of carefully selected cases, all without foetal cardiac activity. 28.6% required further surgical management.
- Medical management attempted in 10% for patient choice; both cases ultimately required surgery.
- Rupture occurred in 21% of patients.



## CONCLUSIONS

Most interstitial ectopic pregnancies were managed with laparoscopic surgery. Expectant management can be successful in selected patients. Improved use of standardised diagnostic terminology, senior ultrasound review, and consistent  $\beta$ -hCG follow-up is essential to optimise outcomes and reduce morbidity.



## 1 Patient & pregnancy characteristics (n = 20)



Mean gestational age at presentation

**7+1**  
weeks



Mean sac size

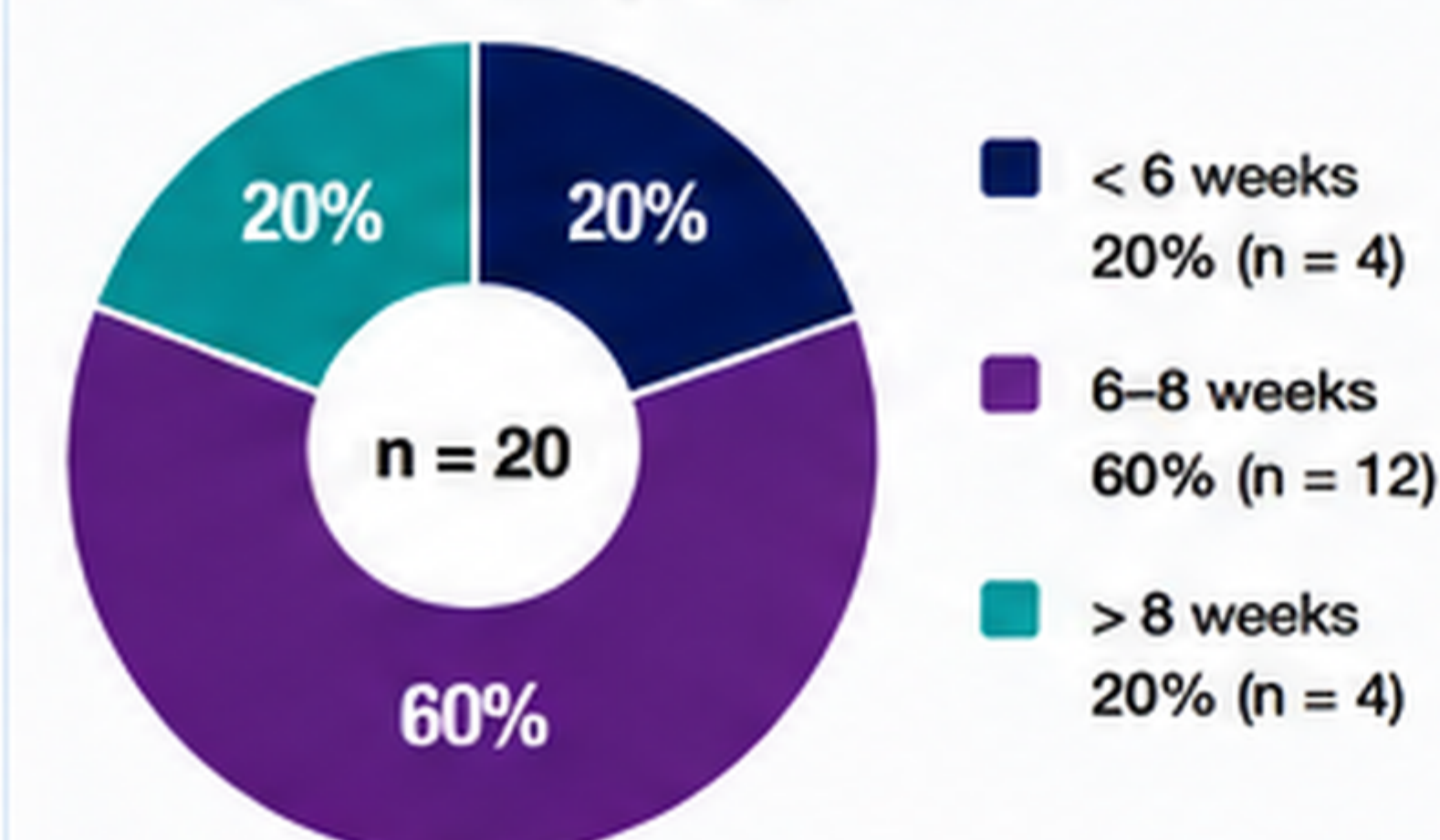
**29.5**  
mm



Total cases

**20**  
interstitial ectopic pregnancies

### Gestational age at presentation

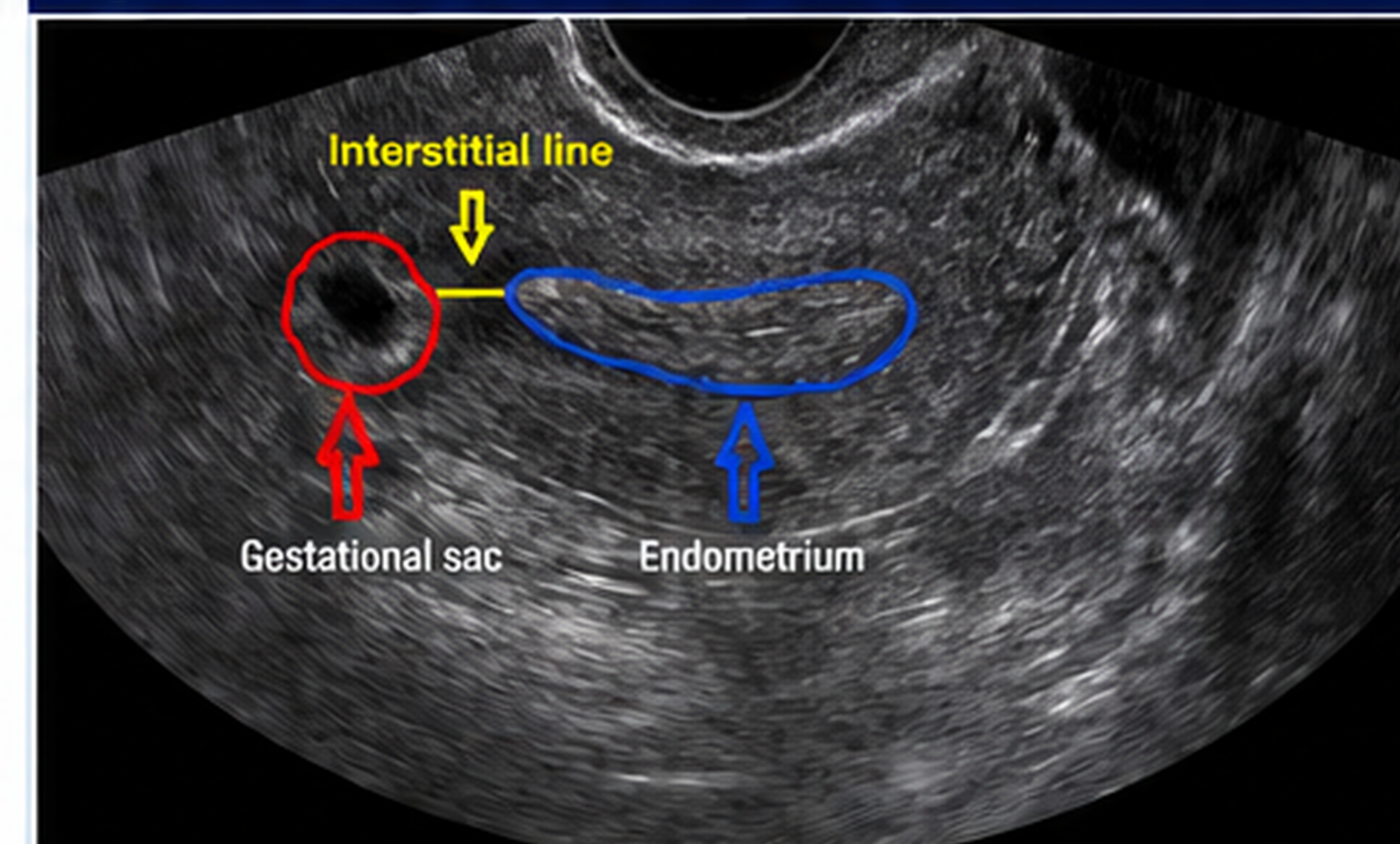


### Workup

- ✓ All diagnosed with transvaginal ultrasound.
- ✓ Serum  $\beta$ -hCG measured in all patients.
- ✓ Senior ultrasound review performed in all cases.
- ✓ Diagnoses made in line with recognised criteria.



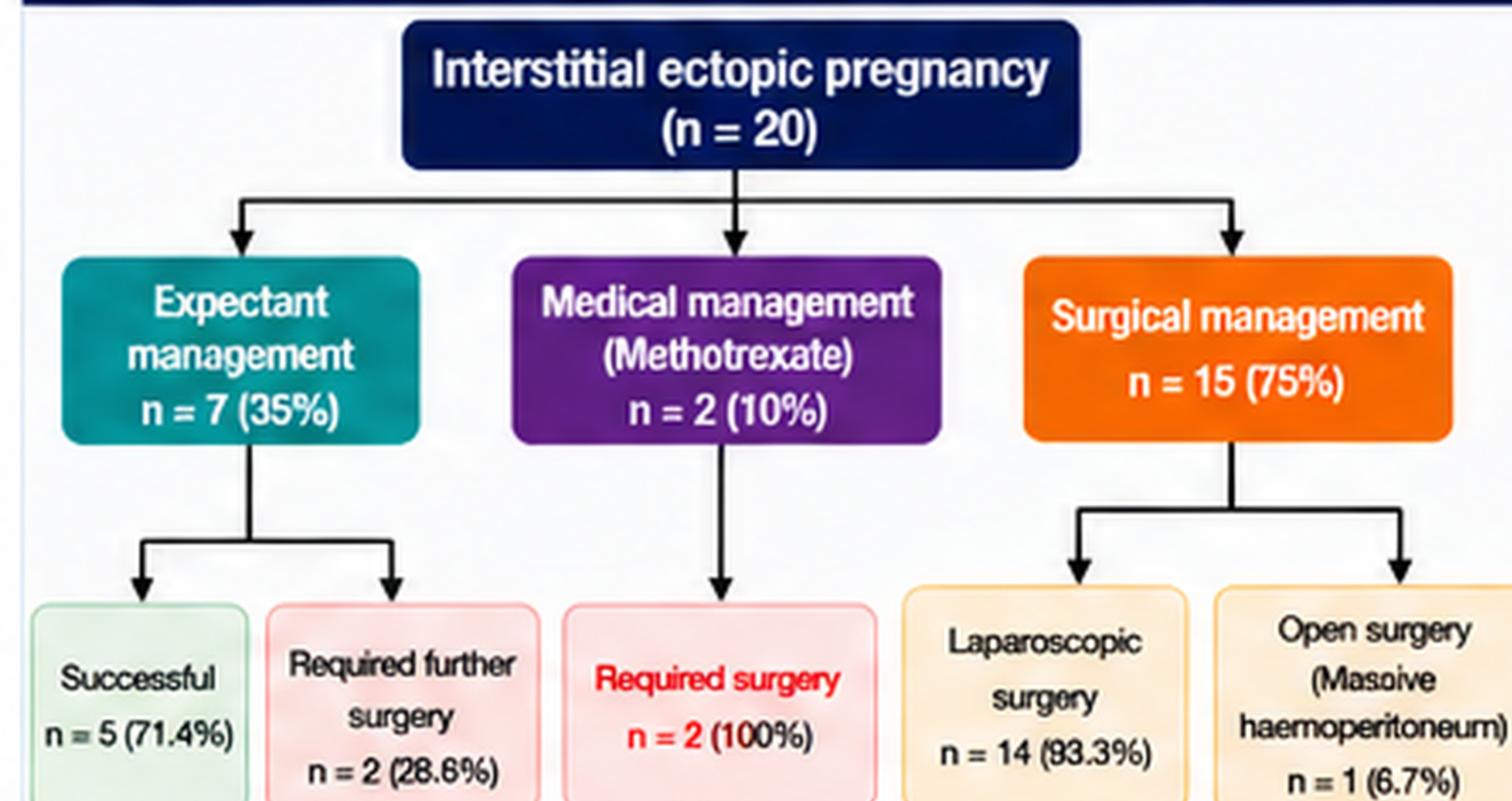
## 2 Transvaginal ultrasound findings



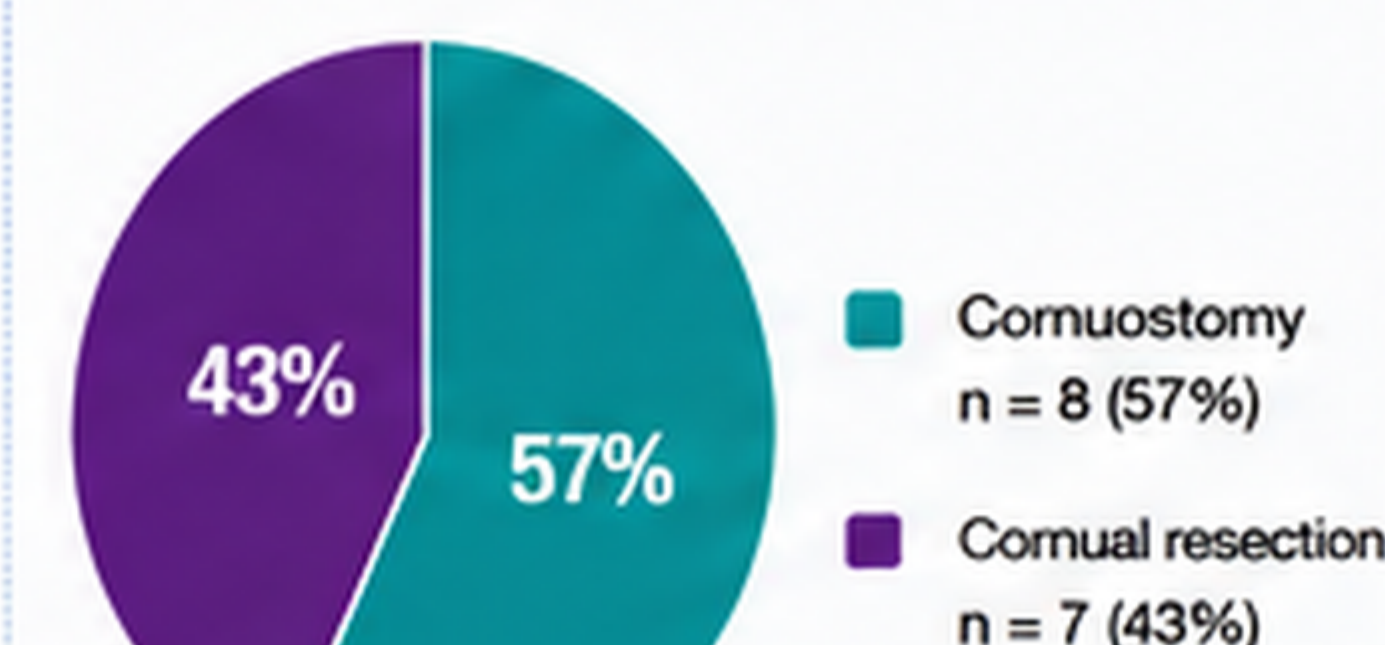
Transvaginal ultrasound demonstrating an interstitial ectopic pregnancy. The gestational sac (asterisk) is located in the interstitial part of the tube, lateral to the endometrial cavity.



## 3 Management strategies and outcomes (n = 20)



### Surgical techniques (n = 15)



Rupture occurred in 21% of patients (n = 4).



## 4 Summary of outcomes



Overall treatment success rate:  
**90% (18/20)**



Rupture occurred in  
**21% of patients (n = 4).**



Median follow-up duration:  
**6 months (IQR 3–12 months).**



No major complications recorded.



## KEY TAKE-HOME MESSAGE

Interstitial ectopic pregnancies are rare but high-risk. Early diagnosis with high-quality transvaginal ultrasound and senior review is essential. Expectant management can be successful in selected, stable patients without foetal cardiac activity. Laparoscopic surgery is the mainstay of treatment. Standardised diagnostic terminology and consistent  $\beta$ -hCG follow-up are crucial to optimise outcomes and reduce morbidity.