

P00.00 Interstitial ectopic pregnancy: the role of transvaginal ultrasound in surgical planning

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Introduction

Interstitial ectopic pregnancy (IEP) represents 2–4% of ectopic pregnancies, with a rupture risk of 2–2.5% due to the rich vascularisation of the uterine cornu. Ultrasound diagnosis is challenging, requiring an empty endometrial cavity, a non-communicating gestational sac more than 1 cm from the endometrium, and a thin surrounding myometrial layer. No standardised management protocols exist.

Case presentation

A 26-year-old primigravida was referred to our institution at 8 weeks with right pelvic pain and beta-hCG of 216,800 mIU/mL.

Transvaginal ultrasound

Transvaginal ultrasound demonstrated an eccentric gestational sac at the right cornu, 7.1 mm from the serosa, with a viable embryo (CRL 18 mm) and active cardiac activity. Colour Doppler confirmed vascularity around the mass (50x42 mm). Moderate free fluid was present in the pouch of Douglas (23.3 mm). Empty endometrial cavity. IEP was diagnosed sonographically, enabling surgical planning.

Management and outcome

Laparotomy was chosen given sac size, gestational age and team experience. Cornual rupture with active haemorrhage was confirmed intraoperatively. Uterine preservation was achieved via hysterotomy, cornual reconstruction and right salpingectomy. Blood loss was 500–600 mL. Recovery was uneventful with appropriate beta-hCG decline.



Figure 1. Colour Doppler confirmed vascularity around the mass (50x42 mm).

Conclusion

This case illustrates how fulfilling established sonographic criteria for IEP was pivotal in anticipating rupture risk, guiding surgical planning and preserving the uterus.