

EP15.93 Interstitial ectopic pregnancy. Case series

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We reviewed the Maternal-Fetal Unit database at Clínica del Country (2018–2026), identifying five cases of interstitial ectopic pregnancy and their clinical outcomes.

Case 1: A 30-year-old (G1P0) presented at 11 weeks. Ultrasound and MRI confirmed an intramyometrial fundal gestational sac (GS) with a live fetus. Management included local and systemic potassium chloride (KCl) and methotrexate, followed by laparoscopic GS resection.

Case 2: A patient presented for viability confirmation. Ultrasound revealed a heterotopic pregnancy: one viable intrauterine GS and a second, empty, intramyometrial fundal GS. With weekly monitoring, the interstitial sac spontaneously involuted, and the intrauterine pregnancy proceeded without complications.

Case 3: A 41-year-old (G1P0), following IVF, was diagnosed at 5.6 weeks with a right lateral, fundal, intramyometrial GS and a live embryo. The patient opted for a total abdominal hysterectomy.

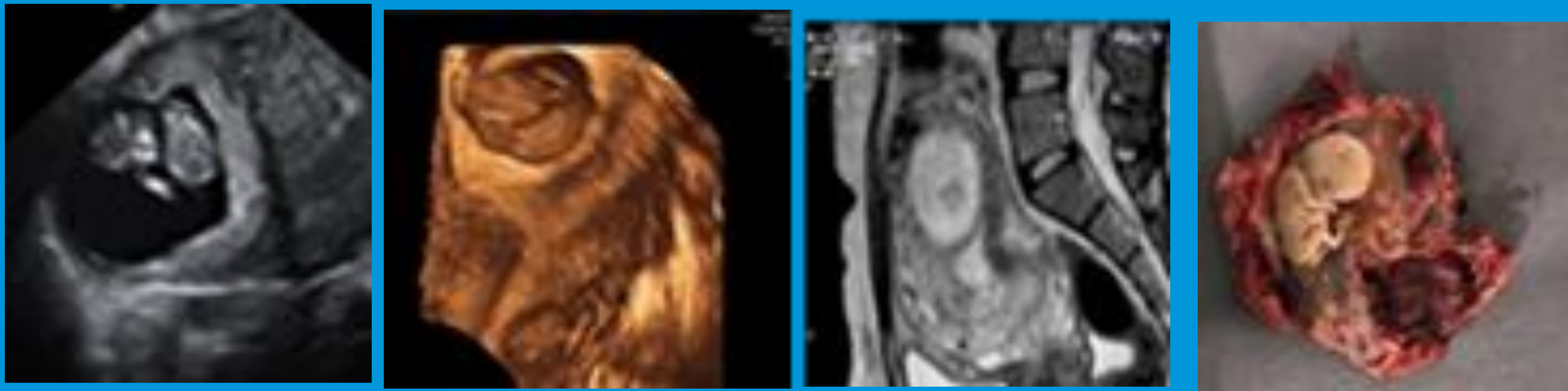
Case 4: A patient with an early pregnancy underwent ultrasound, revealing a left lateral intramyometrial GS without embryonic structures. Serial β -hCG monitoring showed a progressive decline, and follow-up scans confirmed complete involution of the GS.

Case 5: A 37-year-old (G3A1E1) was referred with a "cornual pregnancy." Ultrasound corrected the diagnosis to a left lateral intramyometrial GS with a live 8-week embryo. She underwent laparoscopy with a successful wedge resection of the uterine horn.

Conclusion

Interstitial pregnancies account for 1%–11% of all ectopic pregnancies and carry a high risk of maternal morbidity due to hemorrhage and uterine rupture. Early sonographic identification is crucial for timely, individualized management. Treatment strategies—ranging from expectant management and medical therapy to wedge resection or hysterectomy—must be tailored to gestational age, clinical stability, and future fertility desires.

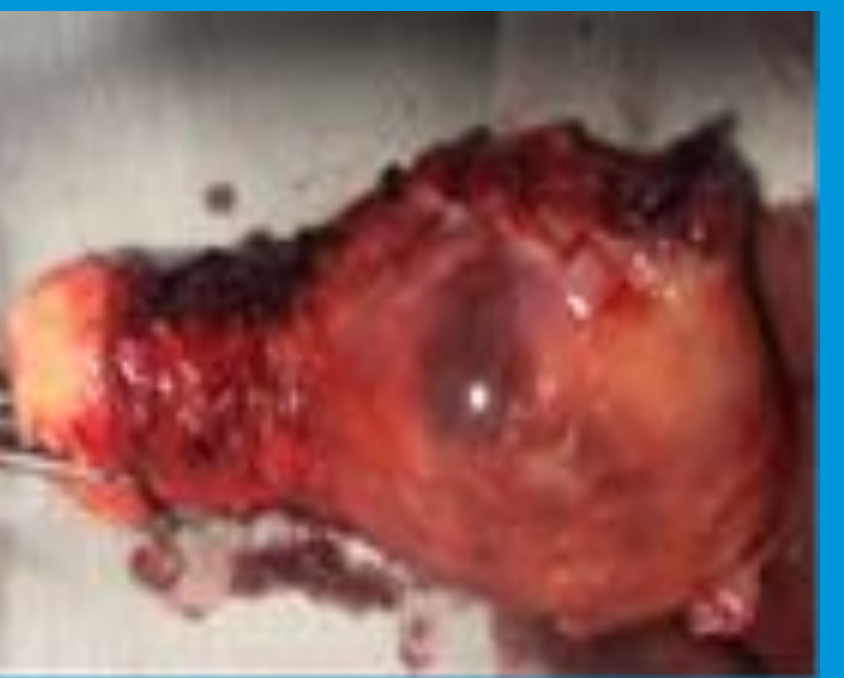
CASE 1



CASE 2



CASE 3



CASE 4



CASE 5

