

A Rare Case of Myometrial Ectopic Pregnancy

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Case

- 30 year old G1P0 presented to a tertiary hospital with vaginal bleeding for 4 days, anxious but well with normal observations, uncertain menstrual dates
- Past surgical history: right oophorectomy and open anterior myomectomy
- positive home pregnancy test 6 days prior
- serum HCG of 9246 IU/L, haemoglobin of 143g/L
- Ultrasound: no intrauterine pregnancy, no evidence of adnexal ectopic, markedly abnormal anterior myometrium
- Differential diagnosis of arteriovenous malformation, or invasive gestational trophoblastic disease were considered
- MRI: 35x38x42mm with peripheral enhancement and central cystic component, favouring a myometrial ectopic most likely at the site of previous myomectomy
- Management: IV methotrexate
- Day 6 post methotrexate HCG fell to 1236 IU/L
- Weekly HCG levels showed steady decline
- MRI was performed 3 weeks after methotrexate administration which confirmed involution of the myometrial ectopic however showed ongoing progression of vascularity surrounding the site. The patient had ongoing light vaginal bleeding
- Uterine artery embolisation followed – with resolution of symptoms and imaging findings

Myometrial ectopic pregnancy

- Rare occurrence, perhaps 1% of all ectopic pregnancies
- More common in patients with previous trauma to endometrium such as myomectomy, curettage, manual removal of placenta, caesarean section, resulting in the ability to implant within the myometrium
- Require a multidisciplinary approach to achieve timely management for these patients.
- Risk of uterine rupture as the pregnancy progresses and the myometrium thins surrounding this
- Alternative management options include surgical excision of the pregnancy, or in the situation of ruptured uterus more likely life saving hysterectomy
- This patient was in a very well resourced setting with excellent access to Interventional Radiology and specialist Radiologists who could work together with the Obstetrics, Gynaecology, and Maternal Fetal Medicine team to provide multiple options of management which preserved her fertility