

Intramural Ectopic Pregnancy – Uncommon yet life threatening

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Introduction

- One of the rarest forms of extrauterine pregnancy.
- Accounts for 1 in 30000 pregnancies in which the gestational sac is located entirely in the myometrium.
- Potentially life threatening, high risk of uterine rupture and hysterectomy especially beyond 10 weeks of gestation.
- Clinical characteristics, management strategies and fertility outcome following intramural ectopic treatment is very limited due to its rarity.

Conclusions

- Early diagnosis is not easy, and its aetiology are still unclear.
- It may relate to certain risk factors mainly uterine surgery that may damage the structure of myometrium or endometrium such as dilation and curettage, caesarean section or myomectomy.
- Some cases may relate to IVF, adenomyosis and pelvic infection.
- Transvaginal ultrasound is an excellent choice.
- Sonographic characteristics include gestational sac surrounded by the myometrium with no contact with either the endometrial cavity or the fallopian tube.
- MRI can be performed to confirm the diagnosis of intramural ectopic pregnancy.
- Once diagnosis made, pregnancy need to be removed.
- Options include surgery via laparoscopic or laparotomy and medication include methotrexate.

Case report

- A 29-year-old female, G3 P2 at 15w POA with a history of 2 previous caesarean section in 2015 and 2020
- Presented to emergency department with complains of sudden onset generalized abdominal pain with no history of per vaginal bleeding.
- Upon arrival, she was pale, in hypovolemic shock and was resuscitated with crystalloid s and blood products.
- Abdomen felt tense and tender, and ultrasound revealed a gestational sac with viable embryo (crown rump length 4.6cm) that was located at fundus with thin surrounding myometrium.
- Massive free fluids were detected up to hepatorenal recess.
- She was subjected to emergency laparotomy keep in view hysterectomy for suspected ruptured interstitial pregnancy.
- Intraoperatively, noted hemoperitoneum of 3 litres and pregnancy was in the myometrium over uterine fundus with area of rupture.
- Alive fetus in a sac with placenta tissue removed and myometrium were approximated in layers.
- Haemostasis was secured and her fertility was well-preserved during the surgery.
- Patient was observed in intensive care unit for a day and discharged well after 3 days.

References

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Ultrasound image



Intraoperative findings

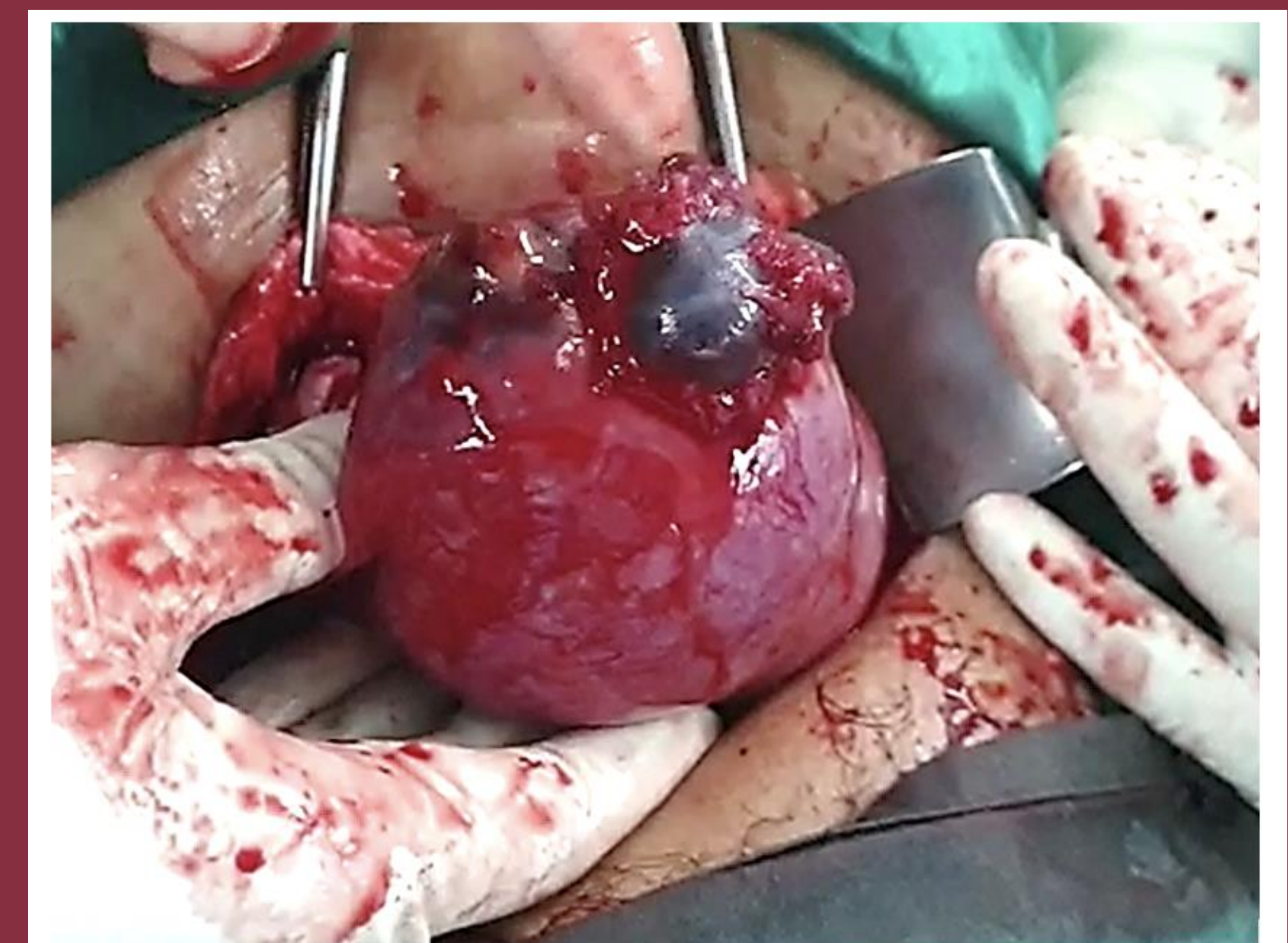


Figure 1: placenta tissue with ruptured intramural gestational sac