



MEDICAL MANAGEMENT WITH ORAL METHOTREXATE FOR ECTOPIC PREGNANCY WITH HIGH THCG IN SHAH ALAM HOSPITAL

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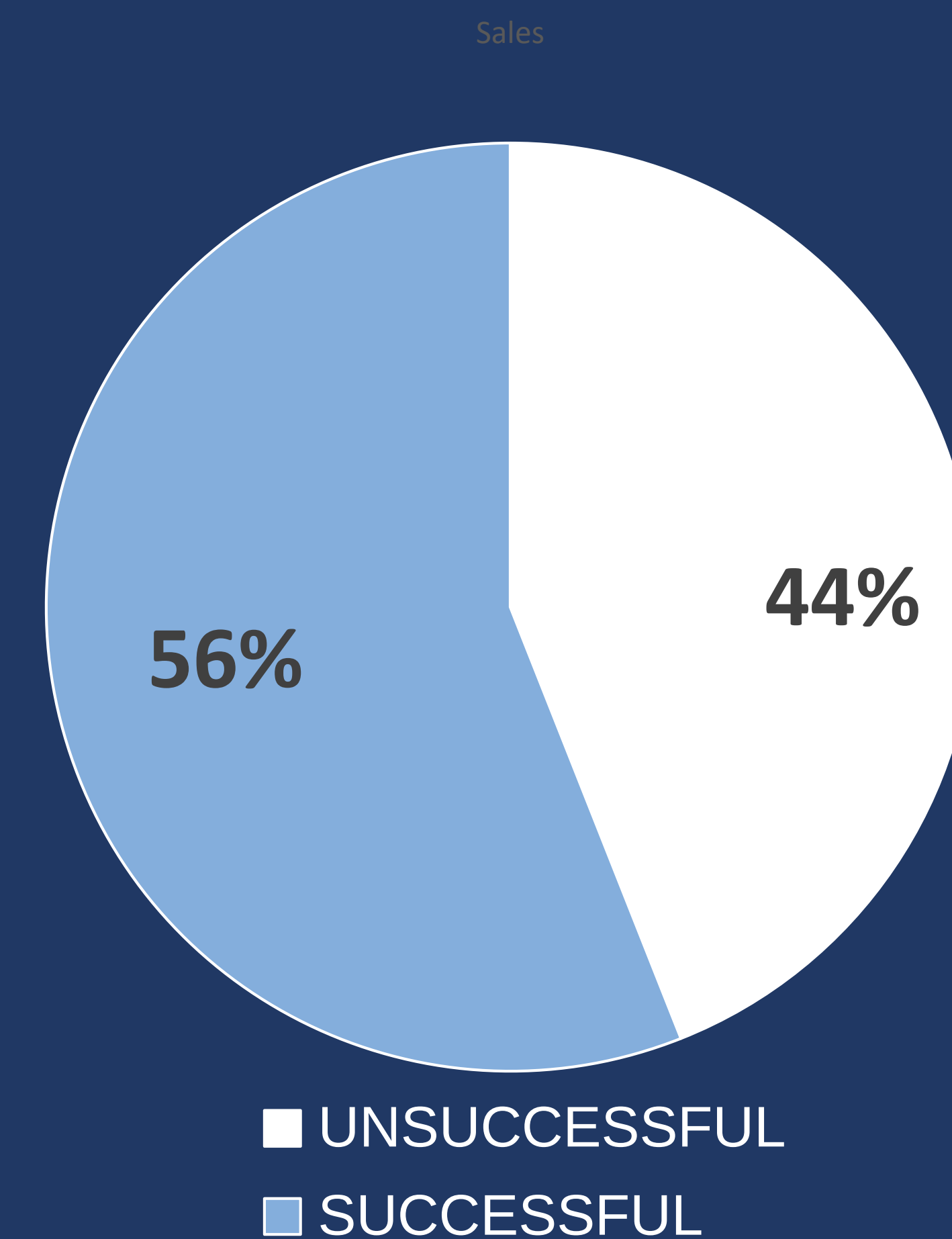


Introductions

Medical treatment for stable ectopic pregnancy using intramuscular(IM) methotrexate in patient with HCG level <5000 is well known and practiced. We would like to share our experience using oral methotrexate instead of IM due to unavailability in our hospital and also the use in patients with high initial total HCG level of more than 5000mIU/mL .

Methods

This is a retrospective study of 16 patients in Hospital Shah Alam who received oral methotrexate as their treatment for ectopic pregnancy. Selection criteria included hemodynamically stable women with total HCG level of ≥ 5000 mIU/ml, adnexal mass ≤ 3.5 cm, absent cardiac activity and minimal hemoperitoneum. They were prescribed with oral methotrexate with the dose of 60 mg / BSA given in 3 divided doses every 2 hours using the standard tablet of 2.5mg on day 1 and again on day 4. Blood for total HCG was also taken prior to methotrexate administration on day 1, day 4, day 7 and weekly until the level is <20mIU/ml .Data collected and analyses using SPSS system.



Results

9 patients were successfully treated with oral methotrexate (56%) while the other 7 patients had to undergo surgery with confirmed leaking or ruptured tubal pregnancy. 2 of the successful patients does not need second methotrexate dose. In failed treatment group 3 of the patients diagnosed with cornual pregnancy. Factor associated with successful treatment includes, site , parity and age. From the data , noted more cases with tubal pregnancy and patient with multiparity were successfully treated with MTX compared to other site of ectopic and primigravida patient. Side effects of medications were tolerated well by all patients. The average time of biochemical resolution of ectopic pregnancy was between 23 to 60 days. The longest time for biochemical resolution was for a patient with total hCG >20 000 IU. Other than nausea no major side effects reported.

Conclusions

Based on our experience of 56% success rate, oral methotrexate in 2 doses/cycle (day 1 and day 4) for ectopic pregnancy can be an option for patient with higher level of total HCG provided patient is haemodynamically stable. Methotrexate should be used with extra caution (admission during first cycle on day 1) in patients with ectopic pregnancy who present with higher hCG level.

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