

Diagnostic Dilemma in cervical ectopic pregnancy in a District General Hospital and its management

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INTRODUCTION

Cervical ectopic pregnancy is a rare life threatening condition accounting for less than 1% of ectopic pregnancies.

Early diagnosis and treatment at an appropriate setting is the key to reducing morbidity and mortality.

BACKGROUND

Cervical ectopic pregnancy refers to an abnormal implantation of a fertilized ovum within the endocervical canal below the level of internal os.

Ultrasound is the primary diagnostic modality. MRI can be used as a second line of investigation if the diagnosis is equivocal.

CASE REPORT

A 30-year-old Primigravida with six weeks of gestation presented to emergency department with history of heavy vaginal bleed and abdominal pain. She had a regular cycle, and this was a spontaneous conception. The serum beta HCG was 671.7 and a scan on EPAU suggested an irregular 21 mm gestational sac adjacent to the cervix. She was booked for a repeat scan in one week to confirm early pregnancy failure. Her repeat serum beta HCG was 9787 and scan was suggestive of a gestational sac 33 mm with mixed echo and peripheral blood flow on colour doppler again situated low in the uterine cavity. She had medical management of miscarriage and histology confirmed products of conception.

Subsequently, She presented multiple times to EPAU with heavy bleeding and blood test was positive for HCG and dropping haemoglobin. A repeat scan reported an irregular cystic mass of 4 cm in the cervix with vascularity and distension of endocervical canal. A MRI confirmed primary cervical ectopic pregnancy.

She was referred to tertiary unit where she had surgical management of cervical ectopic along with Bakri balloon for 24 hrs. She subsequently recovered from her surgery with her beta HCG dropping to negligible within four weeks.

DISCUSSION

In this case, we had a low- risk patient who came with multiple episodes of haemorrhage and had a primary cervical ectopic. The painless heavy bleeding and rising HCG with the gestational sac lying adjacent to the cervix should have raised the suspicion of cervical ectopic. It emphasises the importance of having a high index of suspicion and reviewing scan images or exploring other modalities of imaging for diagnosis.

CONCLUSION

This case highlights the importance of keeping a high index of suspicion in low-risk patient with thorough scrutinization of ultrasound images along with appropriate referral to tertiary care unit for optimal management.

REFERENCES

1.Lai Le Nguyen Ha Visual encyclopedia of USG,2021

TIMELINE

2 scans confirmed miscarriage in transit. Had Medical management with histology confirming Product of Conception.

Presented with heavy bleeding and dropping hemoglobin with serum beta HCG of 862 three weeks later.

USG images reviewed and MRI Pelvis diagnosed primary cervical ectopic pregnancy.

Referred to tertiary unit for surgical management with blood transfusion.

