

Selective evacuation of cervical ectopic pregnancy in a case of heterotopic gestation

Ummarah Ahmad, Gulsanga Afridi, Fatima Alhajeri, Sana Yasmin
Corniche Hospital, Abu Dhabi. UAE

Objective:

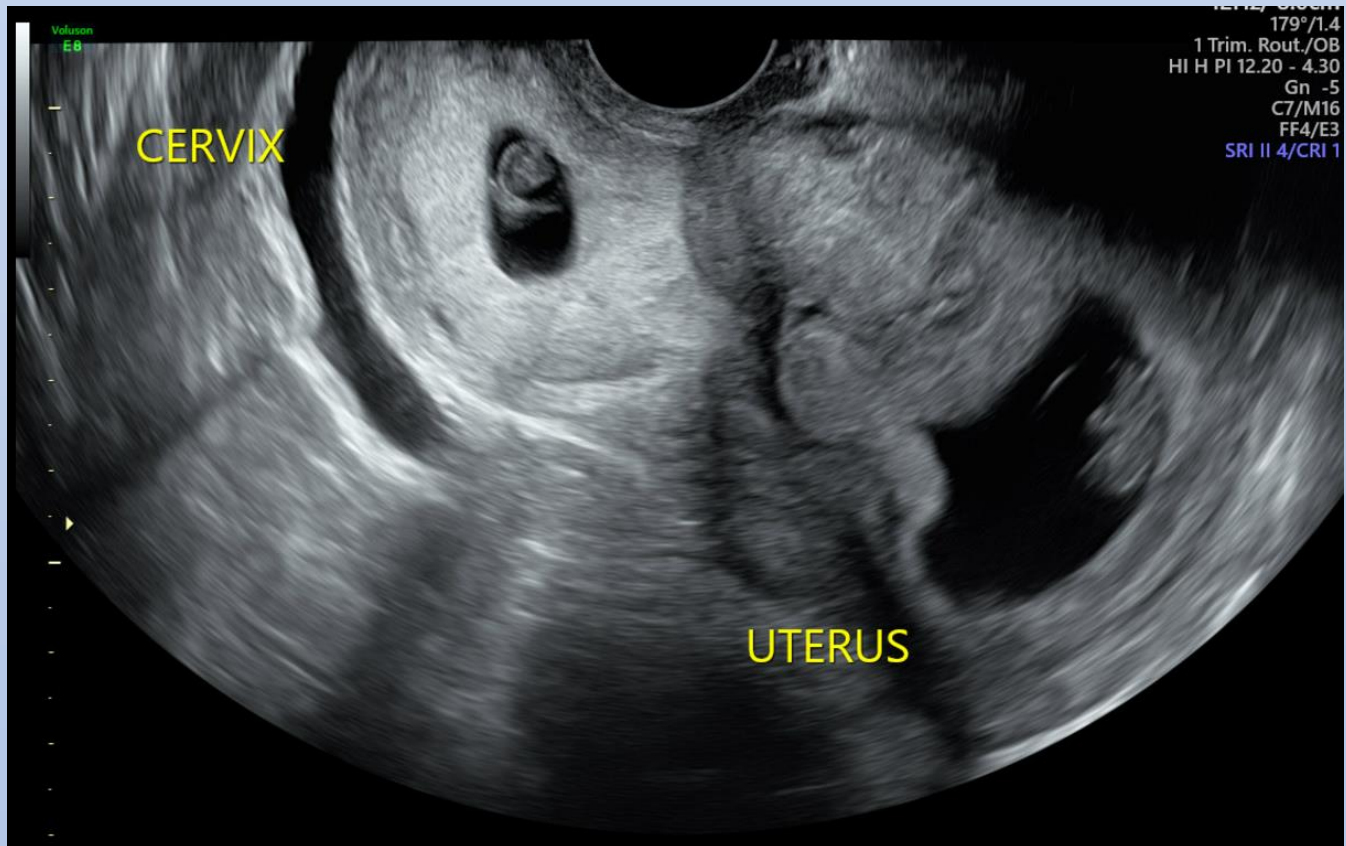
To report a rare case of heterotopic pregnancy where cervical ectopic was evacuated conserving the intrauterine pregnancy.

Case history:

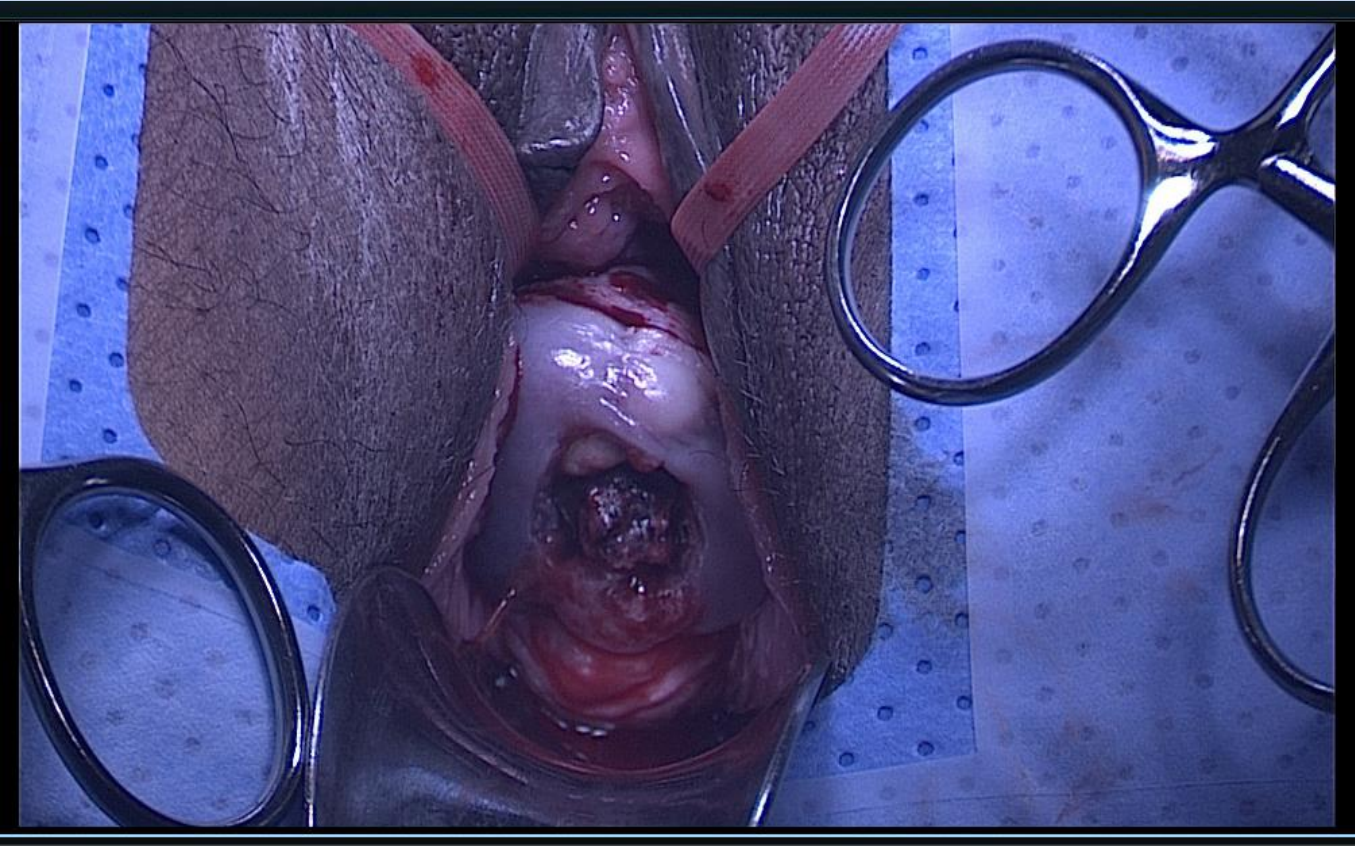
32 years old primigravida who conceived through IVF was referred for a suspected heterotopic pregnancy. She was clinically well and stable with minimal vaginal bleeding. Transvaginal USS revealed an hour glass shaped uterus with a heterotopic pregnancy. An ongoing intrauterine pregnancy of 8 weeks was seen implanted just above the internal os. A second viable pregnancy of same gestation was implanted in the cervix entirely below the internal os causing cervical distension and overall shape of uterus appeared as hour glass. Enhanced peritrophoblastic vascularity was noted in the cephalic aspect/towards the internal os. Well defined cleavage plane was seen between trophoblast margins and cervical tissue otherwise and cervical wall measured 6mm anteriorly where it appeared most distended/thinned out. The distance between the trophoblastic edges of two pregnancies was 20mm. Internal cervical os was closed.

Procedure:

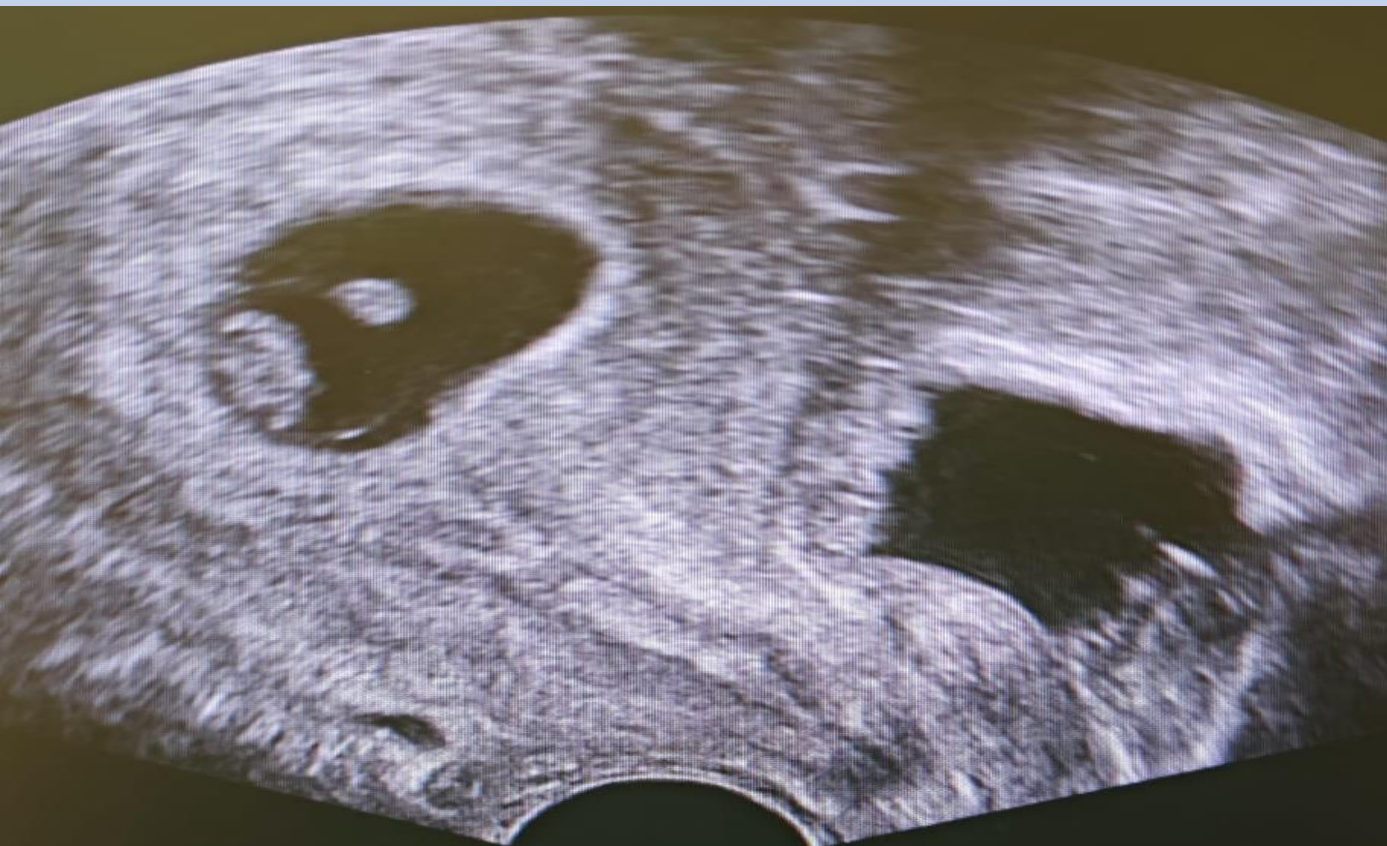
Selective evacuation of the cervical ectopic pregnancy was carried out under continuous transrectal USS guidance. A Shirodkar cervical cerclage was inserted and kept in situ (untied) before evacuation. Suction pressure and size of suction of suction curettage was reduced after evacuation of initial bulk of pregnancy to minimize any trauma to the intrauterine pregnancy. At the end of procedure, the cervical cerclage was tied and viability of the intrauterine pregnancy was confirmed. Blood loss at procedure was less than 50mls.



TVS images showing heterotopic pregnancy and an hour-glass shaped uterus



Cervix with trophoblastic tissue at the external os – pre procedure



Transrectal USS at the end of procedure showing post evacuation cervix and intact IUP

Conclusion:

- Selective ultrasound guided evacuation of cervical ectopic pregnancy is possible while conserving the intrauterine pregnancy.
- Transrectal USS offers clear and direct visualization for safe evacuation of cervical ectopic pregnancy.

Follow up:

She was followed up two and four weeks later and is doing well in her third trimester.

References:

❑ Fan Y, Du A, Zhang Y, Xiao N, Zhang Y, Ma J, Meng W, Luo H. Heterotopic cervical pregnancy: Case report and literature review. J Obstet Gynaecol Res. 2022 May;48(5):1271-1278. doi: 10.1111/jog.15193. Epub 2022 Feb 21. PMID: 35191138; PMCID: PMC9303410.

❑ Młodawski J, Kardas-Jarząbek A, Młodawska M, Świercz G. Conservative Management of Heterotopic Pregnancy: A Case Report and Review of Literature. Am J Case Rep. 2023 Aug 8;24:e940111. doi: 10.12659/AJCR.940111. PMID: 37550961; PMCID: PMC10421752.