

Successful pregnancy outcome following a previously conservatively managed cervical ectopic.

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INTRODUCTION

- Ectopic pregnancy is relatively common, but cervical ectopic pregnancy is rare, accounting for less than 1% of all cases¹. It carries a high risk of morbidity and can significantly impact future fertility.

CASE HISTORY

- A 29-year-old primigravida with spontaneous conception was admitted with 5 weeks of amenorrhea and painless bleeding per vaginam. She was hemodynamically stable with unremarkable abdominal examination . Local examination revealed bleeding at the level of external os . On gentle per vaginam examination -there was ballooning of cervix , however the os was closed, with no tenderness. The β HCG was 6937 miu/l.
- Transvaginal sonography revealed a single gestational sac with yolk sac and fetal pole ,corresponding to 5 weeks 6 days in the cervical canal just above the external os . No cardiac activity was seen. The external os was closed with absent sliding sign. These findings were suggestive of cervical ectopic pregnancy.
- After discussing with the patient ,both systemic and local management with methotrexate(MTX) was planned.Treatment began with an intramuscular injection of 75 mg methotrexate (MTX) . The following day ,transvaginal ultrasound-guided intrasac injection of 60 mg MTX using a 22G Chiba needle was given .An injection of folinic acid was given on day 3. By day 7, β HCG fell to 4606 miu/ml and the patient was clinically asymptomatic.
- Follow up consisted of clinical assessments, regular ultrasound and serial β HCG levels which showed a declining trend. Patient was advised not to get pregnant for the next 6 months.
- Patient conceived spontaneously 8 months later and had an uneventful pregnancy . A healthy , term baby was delivered by caesarean section on account of deep transverse arrest.

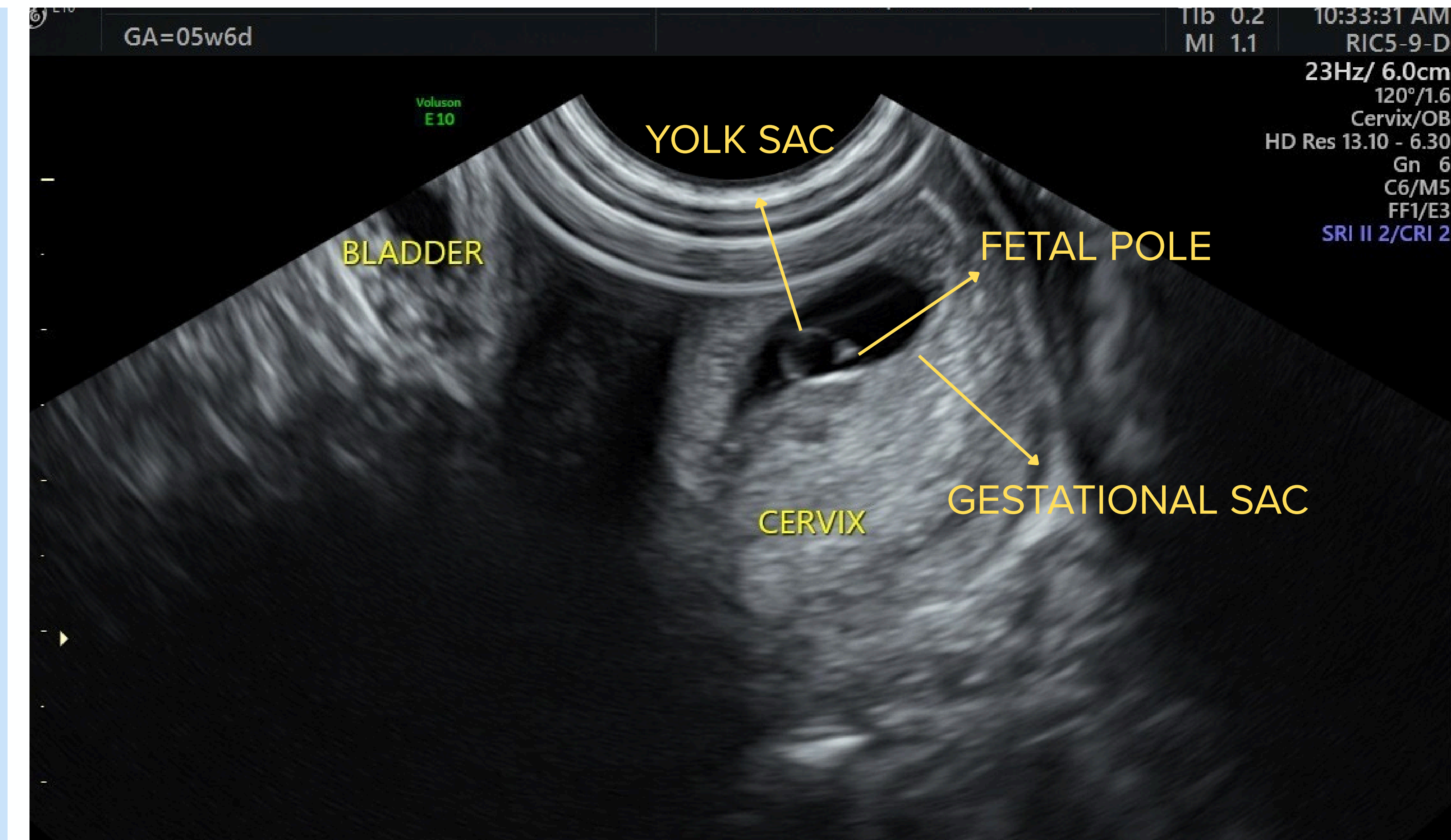


Figure : USG (TVS) showing cervical ectopic pregnancy , 5 weeks 6 days

DISCUSSION

- Intrasac MTX along with systemic MTX appears to be a safe and effective method in our case , however, the choice of administration depends on gestational age, the need to preserve fertility and mostly on hemodynamic stability¹
- Systemic MTX leads to disruption of the chorionic sac initiating cytotoxic lysis of the trophoblast while local MTX causes placental necrosis by absorbing into the adjacent placental tissues as per study by Kim YR et al.²

CONCLUSION

- Conclusion – Management with systemic and local MTX successfully resolved cervical ectopic pregnancy, preserving fertility and avoiding surgical intervention. In our case ,the patient conceived spontaneously ,delivering a healthy baby after successful conservative management of cervical ectopic .

References

¹ Cerveira I, Costa C, Santos F, Santos L, Cabral F. Cervical ectopic pregnancy successfully treated with local methotrexate injection. *Fertil Steril*. 2008;90(5):2005.e7–2005.e10. DOI:<https://doi.org/10.1016/j.fertnstert.2008.01.017>

² Kim YR, Moon MJ. Ultrasound-guided local injection of methotrexate and systemic intramuscular methotrexate in the treatment of cesarean scar pregnancy. *Obstet Gynecol Sci*. 2018;61(1):147–153. DOI: <https://doi.org/10.5468/ogs.2018.61.1.147>