



Royal College of
Obstetricians &
Gynaecologists

A CASE REPORT OF CERVICAL ECTOPIC PREGNANCY: AN ALTERNATIVE AND CONSERVATIVE APPROACH

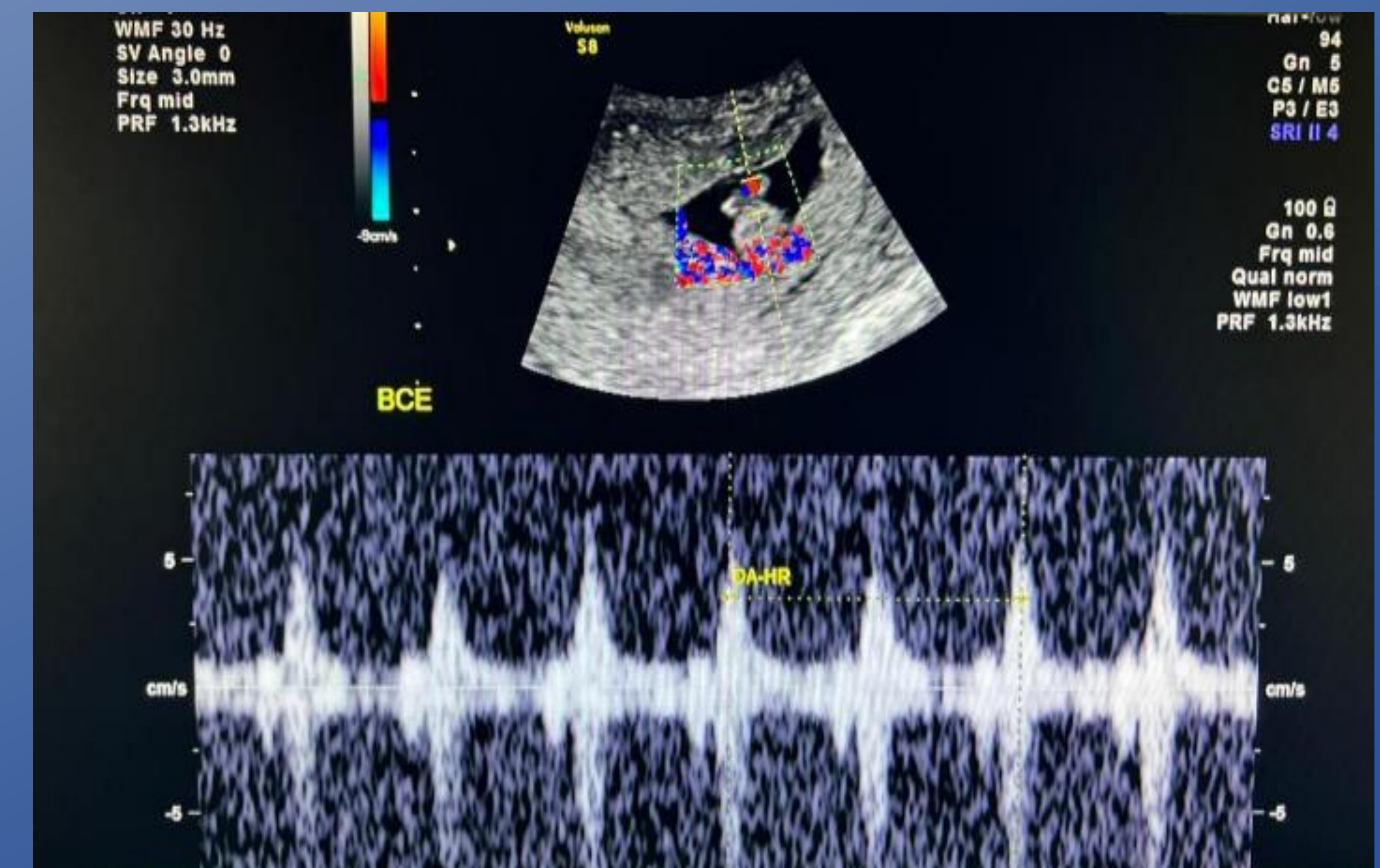
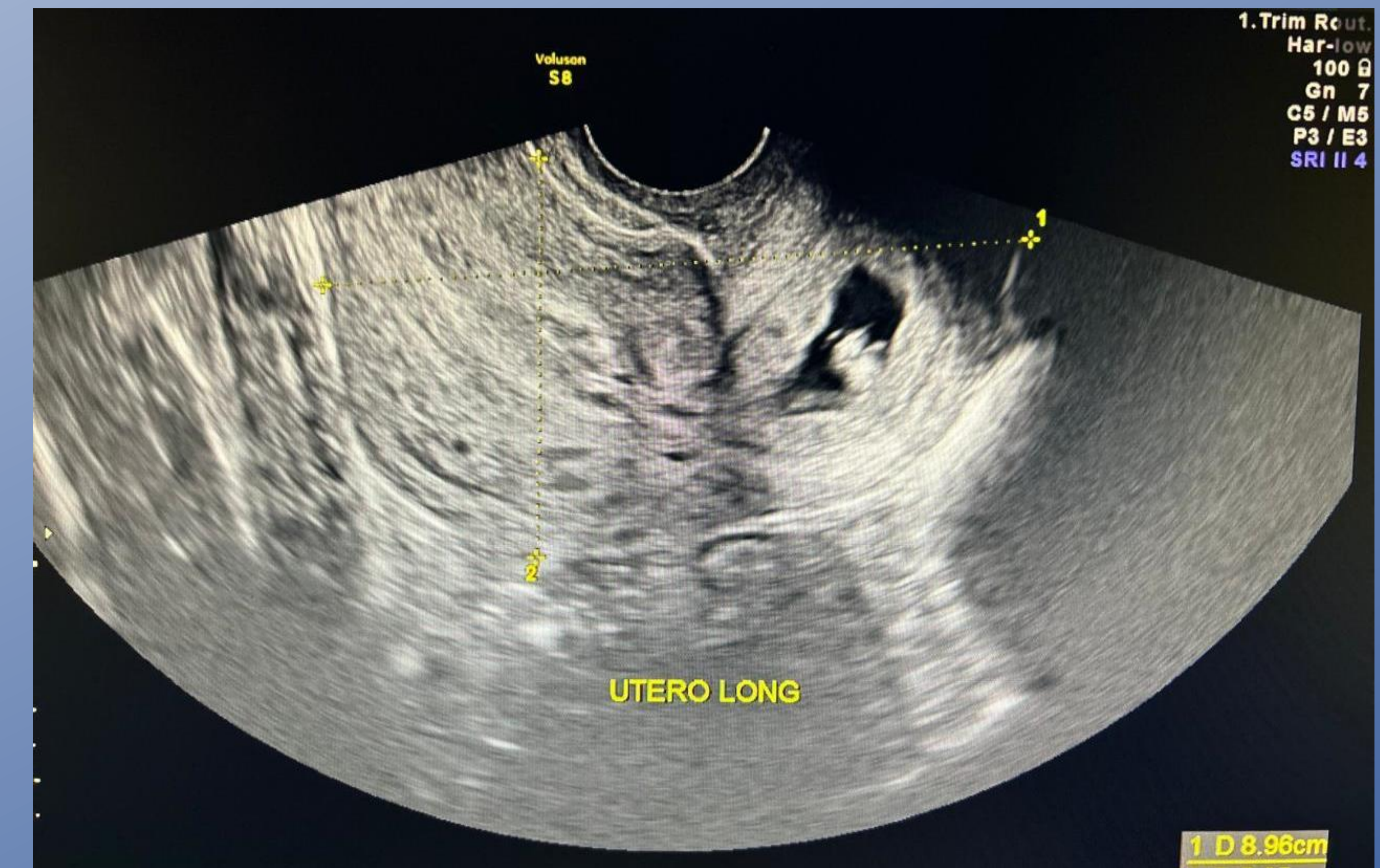
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Cervical ectopic pregnancy represents a rare form of ectopic pregnancy. This entity means a significant challenge to obstetricians due to its rare incidence and potential risks it poses to maternal reproductive health. These risks are attributable to the cervix's intense vascularization and its limited capacity for expansion. Historically, the management of cervical pregnancy involved hysterectomy, a procedure that irreversibly compromises the patient's future reproductive capacity and increases the risk of morbidity and mortality due to potential complications.

CASE REPORT: A 34-year-old nulliparous patient, with no significant medical history who was not using any contraceptive method, presented with a late menstrual period and a positive serum beta-human chorionic gonadotropin (β -hCG) level. The transvaginal ultrasound assessment revealed the presence of a mass in the endocervix, occupying its middle segment. Additionally, a gestational sac, a yolk sac, and an embryo with a positive heartbeat were observed, compatible with a gestational age of six weeks and one day. After counseling and consent, the patient was treated with an ultrasound-guided single-dose of methotrexate (MTX) injection into the gestational sac. Also, she received a single-dose of intramuscular (IM) MTX, and was monitored through serial β -hCG levels, as well as ultrasound scans assessment. A reduction in β -hCG serum concentrations and a progressive resolution of the condition were observed. No curettage, hysterectomy or additional treatment was required. The patient was followed as an outpatient until serum β -hCG had returned to a nonpregnant level. One year after the procedure, the patient was able to achieve a successful intrauterine pregnancy.

DISCUSSION: In the context of a conservative approach to cervical pregnancy, made possible by early diagnosis, this technique offers a promising option that preserves not only the woman's health but also her fertility.

CONCLUSION: In conclusion, the intra-amniotic injection of MTX in conjunction with IM MTX, may represent a viable and appealing alternative upon other interventional treatments in cervical pregnancy management



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