

Ectopic pregnancies in uncommon implantation sites: About 4 cases

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Introduction

Ectopic pregnancies in unusual location are very rare, but may be more morbid. Early diagnosis based on ultrasound may be useful to allow a conservative treatment.

Objective

Explain how to make the early diagnosis of uncommon implantation sites of ectopic pregnancies and point out to the principal ultra sound signs and most frequent traps.

Patientes and methods

Retrospective study over a period of 2 years performed in Center Of Gynecology And Obstetrics if Tunis (CMNT), Department "C".

we included patients with an ectopic pregnancy in a site of unusual location and had a conservative treatment.

Results

During the study period we collected 4 observations of unusual ectopic pregnancies treated medically. There was an interstitial pregnancy in two cases, cervical pregnancy in one case and a pregnancy located on the cesarian scar in another case. The diagnosis was made by ultrasound in all cases during the first trimester .It was confirmed by MRI in 2 cases. The mean term at diagnosis was 8 weeks of amenorrhea. For the interstitial pregnancies we found: an empty uterine cavity with an abnormally offset gestational bag surrounded by a myometrial crown and far more than one centimeter over the line of emptiness making the typical image of the interstitial line. In case of cervical pregnancy, we found an empty uterine cavity and the presence of a gestational bag in cervical location. In scar pregnancies, the gestational bag was isthmic and implanted next to the caesarian scar deforming the uterine outline on this level. In these cases diagnosis was confirmed by MRI. In all cases, there was a cardiac activity.

Discussion

Interstitial pregnancy is a rare form of ectopic pregnancy. It represents 3% of all interstitial pregnancies. Its incidence is estimated at 1 per 2500 to 5000 live births. Conventionally, the treatment consists of resection of the uterine horn or hysterectomy by laparotomy. Several approaches to conservative treatment are increasingly preferred.



Ectopic pregnancy in a cesarian scar



interstitial pregnancy



cervical pregnancy



cervical pregnancy after treatment

These attitudes include a mere expectation with ultrasound monitoring and local or systemic methotrexate injection. In our study 2 cases of interstitial pregnancy were successfully treated with systemic methotrexate .

The scar on isthmic pregnancy is certainly also very rare, but its incidence likely to increase in the coming years with the increasing number of caesarean sections. it is misjudged because of a small number of reported cases. It can sometimes be confused with a pregnancy abortion , in case of doubt can confirm the diagnosis by hysteroscopy laparoscopy . The systemic treatment with methotrexate or in situ is a possible therapeutic in early pregnancies, it may be associated with a selective embolization of uterine arteries.

Ectopic cervical or abdominal pregnancies are among the rarest of ectopic pregnancy locations. For cervical pregnancy, conventional treatment remains hysterectomy (especially in late or very haemorrhagic cases) , the advent of ultrasound allows the early diagnosis of pre - symptomatic forms wich can be treated conservatively preservin the fertility of these patients.

In this diagnostic status , the current reference is methotrexate which we can associate a feticide in pregnancy eyed with positive cardiac activity .

Conclusion

To be able to make the diagnosis of an uncommon implantation site of an ectopic pregnancy we must know how to recognize an intra-uterine pregnancy. An empty uterine cavity is always there, but there is no pelvic mass, we found a gestational bag that has an uncommon position whether isthmic or cervical or far from the emptiness line. This delicate ultrasound semiology needs a well trained and warned operator.