



Treatment of Cervical Ectopic Pregnancy

Turkmen GG, Vural ZY, Kara O, Sanhal CY, Yücel A, Sahin D
Zekai Tahir Burak Maternity Hospital, Ankara, Turkey

Objective

Cervical ectopic pregnancy (CP) is a rare condition with an incidence of less than 0.1% of all ectopic pregnancies. The incidence is approximately 1 in 9000 deliveries. It has a high morbidity and mortality potential because the trophoblast can penetrate through the cervical wall into the uterine blood supply. Here, we present one case of cervical pregnancy which was managed successfully in Zekai Tahir Burak Maternity Hospital.

Methods

A 27 year-old nulliparous woman conceiving via in vitro fertilization was admitted to our clinic at 6 weeks due to painless vaginal bleeding. Her medical and obstetric history were uneventful except for the in vitro fertilization. The couple was not consanguineous. Vital signs were stable and abdominal examination was normal. Pelvic examination revealed a barrel-shape cervix with bright bleeding. During ultrasound examination the gestational sac was seen below the internal os of the cervix and the external os was closed. A fetal pole with cardiac activity was observed with transvaginal ultrasound. On admission beta HcG level was 6812.

Results

After hospitalization, 50 mg/m² systemic methotrexate intramuscular injection was applied. This option was preferred because the patient was taking low dose acetylsalicylic acid. On the 4th day of management beta hcg level was 9920 and on the 7th day of management the level was 12647. Because of unsuccessful treatment, another option was applied. Transcervical 4cc methotrexate was given intracavitary and after that a balloon tamponade was applied for 6 hours. The following day of the injection beta hcg level was 2199 and ultrasound examination revealed 17x10 mm hematoma. The patient was stable without vaginal bleeding and pain. Hcg levels continued to decrease for the next days.

Conclusion

CP results from implantation of a fertilized egg in the endocervical canal below the level of internal os. Timely intervention is required to preserve fertility and avoid the need for a hysterectomy. In the past, CP was associated with significant hemorrhage and was treated presumptively with hysterectomy. Improved ultrasound resolution and earlier detection of these pregnancies has led to the development of more conservative treatments that attempt to limit morbidity and preserve fertility. The most effective treatment of cervical pregnancy is still unclear. Publications on this subject are limited to case reports with a small number of cases. Further research is required to better comprehend the theme.