



A case of cervical pregnancy

Inan C, Sayin NC, Dolgun ZN, Uzun I, Erzincan SG, Sutcu H, Varol FG

Trakya University, Faculty of Medicine, Department of Obstetrics&Gynecology, Division of Perinatology, Edirne, Turkey

Objective

Cervical ectopic pregnancy is associated with a high morbidity and mortality potential. Early diagnosis and treatment is important for preventing maternal bleeding or death. Our aim is to present a 10+4 weeks ectopic cervical pregnancy which was successfully treated with intracardiac potassium chloride (KCl) injection and systemic methotrexate (MTX).

Methods

This is a case report.

Results

A 37-year old, gravidy 7 parity 1, pregnant woman was referred due to vaginal bleeding at 10 weeks of gestation. She had a history of 5 dilatation curettages for termination of pregnancy upon her request. Ultrasonograph (USG) revealed a live cervical pregnancy which was concordant with 10 weeks and 4 days of gestation according to the crown-rump length measurement. After the patient's consent was received, intracardiac KCl was performed by transabdominal route via 22 gauge spinal syringe (Figure 1a,b). Initially, we could not inject systemic MTX, because of unexplained elevated levels of the liver enzymes. On the 2nd day of the procedure, transvaginal USG revealed 46x46.8mm gestational sac. Since liver enzyme levels were near normal limits on the 12th day, a single dose 75 mg systemic MTX was implemented. The level of total beta human chorionic gonadotropin (beta-hCG) was 56691 IU/L on the day of MTX administration. Repetitive USG examinations revealed resorbed fetal structure and beta-hCG levels decreased to 8980 IU/L after MTX injection. The patient was discharged home upon the decreasing pattern of beta-hCG levels and decreasing size of the ectopic focus. Beta-hCG levels were 1608, 423 and 42 IU/L on the 20th, 36th and 83rd day after the MTX injection. Also, ectopic focus diameter was measured as 32x34mm on the 83rd day and resorbed in the following USG examinations (Figure 2a,3).

Conclusion

Ectopic cervical pregnancy is a life-threatening condition that may require urgent intervention. Risk factors are pelvic inflammatory disease, intrauterine device, cervical anomalies, cervical stenosis, in-vitro fertilization and dilatation and curettage. While surgical treatments may be implemented, there are various conservative therapies including intraamniotic feticide, methotrexate, dilation and curettage, uterine artery embolization and uterine tamponade. In our patient we successfully treated cervical ectopic pregnancy together by systemic MTX and intracardiac KCl injection. This combination seems safe and a long follow-up period is mandatory after the treatment.



Figure 1a. A cervical pregnancy at 10+4 weeks of gestation. **b.** Fetal intracardiac potassium chloride injection by transabdominal route via 22 gauge spinal syringe. Arrow: Spinal syringe, asterisk: Ectopic fetus located in the cervix uteri.

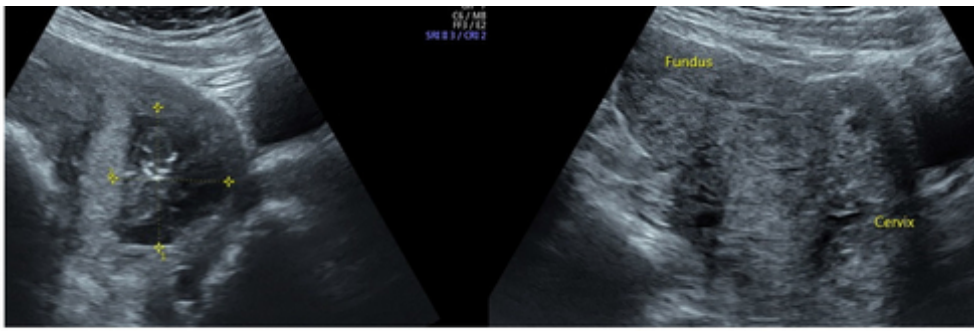


Figure 1a. Ultrasonographic imaging of the cervical pregnancy on the 2nd day of the feticide. **b.** Resorbed fetal structure on the 83rd day of the feticide.

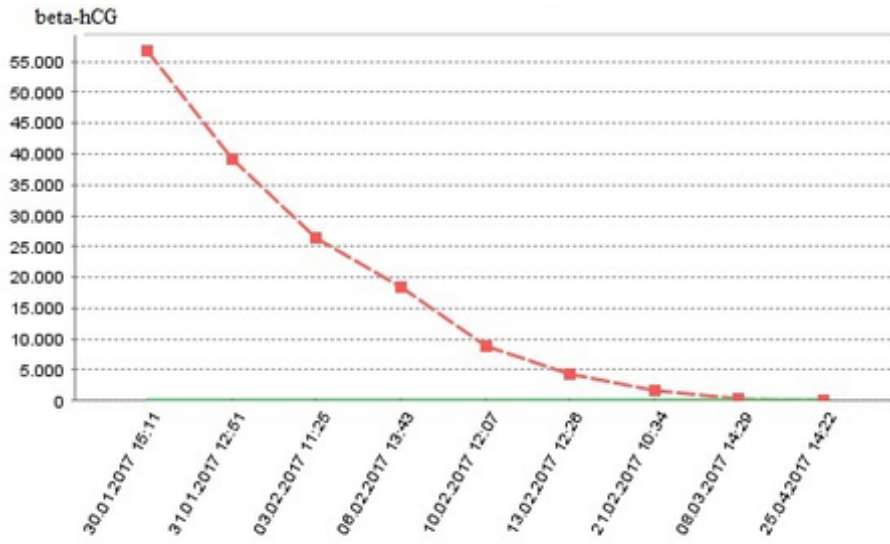


Figure 3. The trend of beta hCG levels