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Obstetrics and Gynaecology: Conservative Management of Cervical Pregnancy: A Case Report

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ABSTRACT

Cervical pregnancy is a rare form of ectopic pregnancy, which accounts for less than 1% of all ectopic pregnancies. This case has been reported because of its rarity and successful treatment by methotrexate injection alone, in early viable pregnancy. A 25 year old G3P1L1E1 with history of previous caesarean section and previous abdominal pregnancy, presented with complaints of bleeding per vaginum for 10 days, after 7weeks of amenorrhoea. Transvaginal sonogram showed – single live intrauterine gestational sac with live fetal pole of CRL7.2mm in the cervical stroma, with surrounding increased vascularity. Her Beta-HCG was 53,280mIU/ml. Inj. Methotrexate 70mg i.m was given on Day1,3,5,7 and Inj. Folinic acid 7mg on Day2,4,6,8. Transvaginal ultrasound after 5days showed decrease in vascularity . Ultrasound after 1 week of treatment showed normal uterus and cervix. Beta HCG was 2300mIU/ml. Patient was on follow up with weekly serum beta-HCG. After seven weeks her Beta HCG became normal. Though studies have shown unsatisfactory results using methotrexate for Beta-HCG more than 10,000mIU/ml and cardiac activity is present, in our case we considered methotrexate, because vascularity will be reduced and bleeding will be less when we add other adjuvant conservative procedures. There are also studies showing treatment with methotrexate in viable cervical pregnancy less than12 weeks gestation carrying a high success rate. As with increasing caesarean section and artificial reproductive technique, there is increase in cervical pregnancy, a life threatening event. Early diagnosis allows early intervention and increases the likelihood of successful conservative treatment,there by preserving patient's fertility. Methotrexate multidose regime as a conservative treatment is found out to be highly successful in viable cervical pregnancy.

KEYWORDS Cervical pregnancy, beta – HCG, methotrexate

INTRODUCTION

Cervical pregnancy is a rare form of ectopic pregnancy, which accounts for less than 1% of all ectopic pregnancies. This case has been reported because of its rarity and successful treatment by methotrexate injection alone, in early viable pregnancy.

CASE REPORT

A 25 year old G3P1L1E1 with history of previous caesarean section and previous abdominal pregnancy at her 7weeks of amenorrhoea, presented with complaints of bleeding per vaginum for 10 days,. On examination vitals stable. On Bimanual examination uterus was bulky with enlarged cervix, os closed. Transvaginal sonogram showed – single live intrauterine gestational sac with live fetal pole of CRL7.2mm in the cervical stroma, with surrounding increased vascularity as shown in Fig.1 and 2.



Fg.1 Cervical pregnancy,with fetus in the cervical canal



Fig.2 Increased vascularity within the cervix

Her Beta-HCG was 53,280mIU/ml. Inj. Methotrexate 70mg i.m was given on Day1,3,5,7 and Inj. Folinic acid 7mg on Day2,4,6,8. Transvaginal ultrasound after 5days showed decrease in vascularity as shown in Fig.3, with gestational sac of 18mm. Beta HCG was 50100mIU/ml Ultrasound after 1 week showed normal uterus and cervix. Beta HCG was 2300mIU/ml. Patient was on follow up with weekly serum beta-HCG. After five weeks her Beta HCG became normal.



Fig.3 Showing reduced vascularity after methotrexate

DISCUSSION

Cervical pregnancy is a rare, life threatening ectopic pregnancy. The predisposing factors are dilatation and curettage, previous caesarean section scar, intrauterine device, artificial reproductive techniques[1], pelvic inflammatory disease,primary embryonal anomaly.

Clinical manifestations include a period of amenorrhoea followed by profuse and often painless vaginal bleeding. Bimanual examination shows enlarged cervix equal to or larger than the uterus- the hour glass uterus, closed internal cervical os and partially opened external cervical os. Endovaginal transducers greatly enhance visualisation of early pregnancies confined to cervical canal. Colour Doppler will demonstrate focal peritrophoblastic flow.

Majority of women with cervical pregnancy are young with low parity. The current treatment trend is early diagnosis and preserving their reproductive function[2]. Treatment choices may be systemic chemotherapy, intra-amniotic feticide, dilatation and curettage, balloon tamponade, uterine artery embolisation vasopressin injection as conservative methods and hysterectomy as last resort.

Though studies have shown unsatisfactory results if Beta-HCG is more than 10,000mIU/ml and cardiac activity is present[3], in our case we considered antimetabolite methotrexate, because vascularity will be reduced and bleeding will be less when we add other adjuvant conservative procedures. There are also studies showing treatment with methotrexate in viable cervical pregnancy less than12 weeks gestation carries a high success rate[4]

CONCLUSION

As with increasing caesarean section and artificial reproductive technique, there is increase in cervical pregnancy, a life threatening event. Early diagnosis allows early intervention and increases the likelihood of successful conservative treatment,there by preserving patient's fertility. Methotrexate multidose regime as a conservative treatment is found out to be highly successful in viable cervical pregnancy.

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