ORIGINAL RESEARCH PAPER

Obstetrics & Gynecology

KEY WORDS:

CASE OF CONSERVATIVE MEDICAL MANAGEMENT OF CERVICAL ECTOPIC PREGNANCY

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INTRODUCTION

Cervical ectopic pregnancy is a rare condition with an incidence of less than 0.1% of all ectopic pregnancies. It is associated with high morbidity and mortality potential. Timely intervention is required to preserve fertility and avoid the need of hysterectomy.The estimated incidence is 1 in 2500 to 1 in 18000 pregnancies. Early detection of these pregnancies has led to the development of more conservative treatments that attempt to limit morbidity and preserve fertility.A case of cervical ectopic is presented here, who was a primigravida ; conceived after IVF treatment, which was managed conservatively . No intervention was needed and her fertility was preserved.

CASE REPORT

A 35 year old woman , married since 7 years was referred to me from chandrapur on 26th of may 2021. She was a case of early pregnancy , conceived after in vitro fertilization. She came with bleeding per vaginum and passing clots since 7.5.21.She underwent embryo transfer on 12.4.21

An ultrasound done on 13.5.21 was suggestive of bulky uterus and endometrial thickness(ET)of 5mm. No adnexal mass was seen on ultrasound .Serum Beta hcg levels were 4715mIU/ml which increased from 2175 mIU/ml on 7.5.21 . It was just 85.74mIU/ml on 27 4 21 which was 15 days after embryo transfer. So it went on increasing from 85 to 4715 till 13th may , in spite of bleeding.

On 24th may it was 14496mIU/ml . So they did an ultrasound which suggested a single gestational sac in the cervical canal suggestive of cervical ectopic pregnancy. No cardiac activity was seen in the embryonic pole on 26th may .

She came at 4pm on 27th may to my hospital .

She was a primigravida , married 7 years ago and had been investigated for primary infertility. She had conceived after IVF and embryo transfer which was done on 12.4.2021. Since then she had bleeding per vaginum intermittently.

On examination she was stable clinically , with pulse of 88/min, no pallor, blood pressure of 130/80 mmof hg. Her weight was 97 kg. Systemic examination was normal . Abdomen was soft with no tenderness.

Transvaginal ultrasound was done three times at Chandrapur which was suggestive of a gestational sac in the cervical canal of 6 weeks with no cardiac activity. After every ultrasound she had a bout of heavy bleeding .Transabdominal ultrasound was difficult to confirm the diagnosis as she was obese with too much abdominal fat .

After explaining the condition to her and her husband and the treatment options , informed consent was taken.

Then we started conservative medical management with injection Methotrexate 1 mg /kg body weight.

That day her beta hcg was 12789mIU/ml.

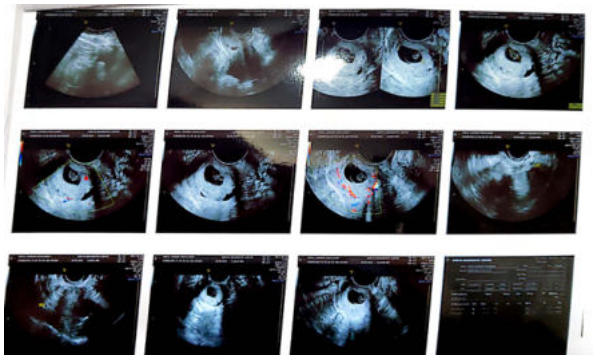
Her haemoglobin was 12.6 gm/dl and platelets were 2.83 lac/cumm .
TLC was 10700
LFT and
KFT was normal.
TFT and Blood sugar was normal.

Her blood group was A Rh positive. She was hospitalised as she came from a place 250 km away.

After 2 days an ultrasound was attempted which was followed by heavy bleeding again so the procedure was abandoned.

She was put on Methotrexate !mg/ kg body weight with leucovorin rescue regime 0.1mg/kg alternate day.

On 29th may her haemoglobin went down to 11 and Beta hcg reduced a little to 11215mIU/ ml..



On 30th may second dose of methotrexate was given and Beta hcg on 2. 6.21 was 10745mIU/ ml and haemoglobin of 10gm/dl.she went to her town and decided to take the injections and tests there itself.

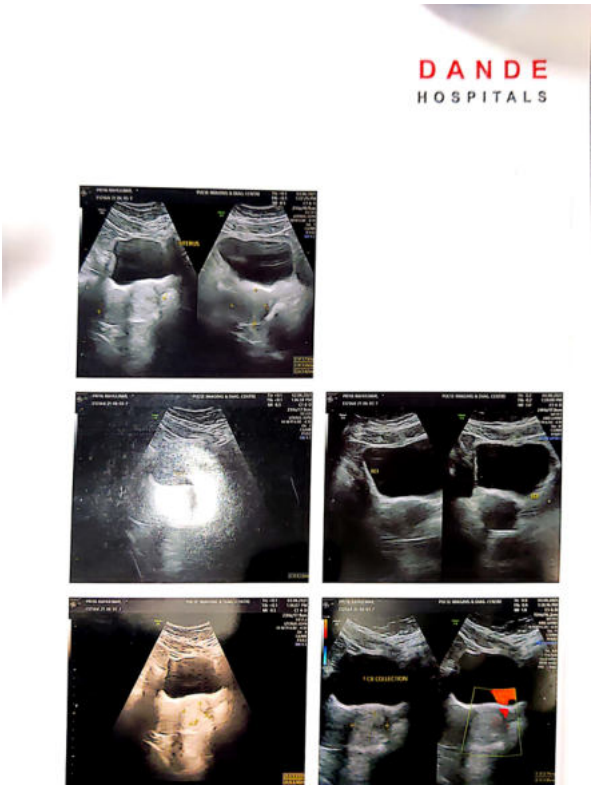
On 2nd june third dose of methotrexate was given .
Beta hcg on 7.6.21 was 6923mIU/ml
Sgot was 70U/L
Sgpt was 58U/L
KFT was normal

An ultrasound was one on 3.6.21, trans abdominally which showed echogenic cervical collection of 3.4 by 2.4 cm between external and internal os.

4th dose of methotrexate was given on 7.6.21
Beta hcg on 14.6.21 1175mIU/ml

Hb 10
Tlc 8100
KFT and LFT was normal.
Repeat serum Beta hcg on 21.6.21 was 40.42mIU/ml .
Haemoglobin was 9.8 g/dl
TLC was 10100
Platelets were 6lac/cu mm
KFT AND LFT normal.

She had nausea and oral ulcers though she was put on multivitamins , iron preparation, betadine gargles from the start of treatment.



An ultrasound on 22.6.21 was suggestive of bulky uterus with thickened endometrium. she had bleeding that time but was less in amount.

On 21.6.21 Serum beta hcg was 40.42 mIU/ml
O 28.6.21 it was 2.17mIU/ml
On 6.7.21 it was less than 1.2mIU/ml
On 20.7.21 it was below 1.2mIU/ml

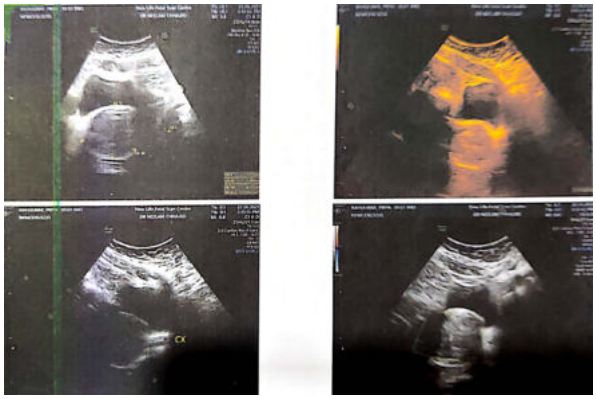
Now she is fine with no bleeding per vaginum . Contraception has been advised for three months in the form of barrier contraceptives. Ultrasound of pelvis shows a normal uterus and ovaries with no intrauterine or intracervical collection.

Discussion

This case was managed conservatively patiently and solely with methotrexate.There are two main modalities of treatment where fertility is desired. The different methods are explained by Ushakov et al, 1996. The treatments include cervical cerclage , local haemostatic sutures, curettage followed by local prostaglandin instillation.. (Spitzer et al, 1997).Ligation of descending branches of the uterine arteries and bilateral hypogastric artery ligation is also known treatment modality for cervical ectopic. In this case intramuscular methotrexate was tried though Peleg et al has described the successful use of intra arterial methotrexate .It is said to be more effective with less side effects. Selective Uterine artery embolisaton is also a highly effective and accepted treatment .

In our case ,I had used a complete conservative approach with four doses of methotrexate with alternate day folinic acid rescue. Serial monitoring of Beta HCG levels was done . Initially the fall in the levels was not significant which created worry and anxiety .Later on it showed promising results and the patient is asymptomatic now and biochemical markers are absolutely normal.

Moreover her fertility is preserved and there was no need of any surgical intervention. In this case as the pregnancy was diagnosed at 6 weeks with no cardiac activity the response to methotrexate was good and the treatment was sucessful.



CASE OF CERVICAL ECTOPIC PREGNANCY

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