Abstract

Interstitial pregnancy is a rare form of ectopic where the sac develops in the uterine part of the tube. It is a life threatening condition as there is a significant risk of rupture of pregnancy and can result in various surgical interventions including hysterectomy. Ultrasound diagnosis can be difficult.

Background

A 35 year old, para 1 with a history of one caesarean section, around 5-6 weeks gestation from her last menstrual period was referred by her GP to early pregnancy clinic with vaginal bleed and suspected passing of product of conception. Repeat pregnancy test was positive and the patient was not in pain. Ultrasound examination initially suspected right cornual ectopic. The BHCg was more than 42000iu. All Options were discussed including surgical but she only accepted methotrexate.

Management

The beta HCG level showed a steady fall. The patient remained asymptomatic and managed as outpatient. Repeat ultrasound examination following the medical management revealed irregularity of the sac and it was more related to the caesarean section scar and more located above the cervix. The patient presented with cramping lower abdominal pain so ERPC was done for intention the removal of products of conception. Chorionic tissue was obtained and proven histologically. Symptoms of pain and bleeding were not fully resolved and a follow up ultrasound examination revealed still echogenic area just above the cervix. MRI done for further investigation revealed a mass within the right adnexa communicating with endometrial cavity via caesarean scar. In the mean time, beta HCG level was continuing its downward trend. Ultrasound scan following the MRI showed a smaller mass than before in the right adnexa which could be a resolving ectopic pregnancy.

Outcome and Results

Patient sought second expert opinion and again agreed for expectant management. The patient was regularly followed up with scans and beta HCG test until there was minimal presence of products or remaining scar

Conclusion

There are reports showing increasing success of conservative management of interstitial ectopic and caesarean section scar pregnancy in the literature. However, the mode of management is largely dependent on the clinical situation taking in consideration patient choice. In case of patients with minimal symptoms, conservative management with methotrexate or laparoscopic conservative treatment can be done with the patient under close observation. In cases where it is not clear cut ultrasound diagnosis of the location of the ectopic MRI will be of added value.

References