A Case Of A Cervical Ectopic Pregnancy

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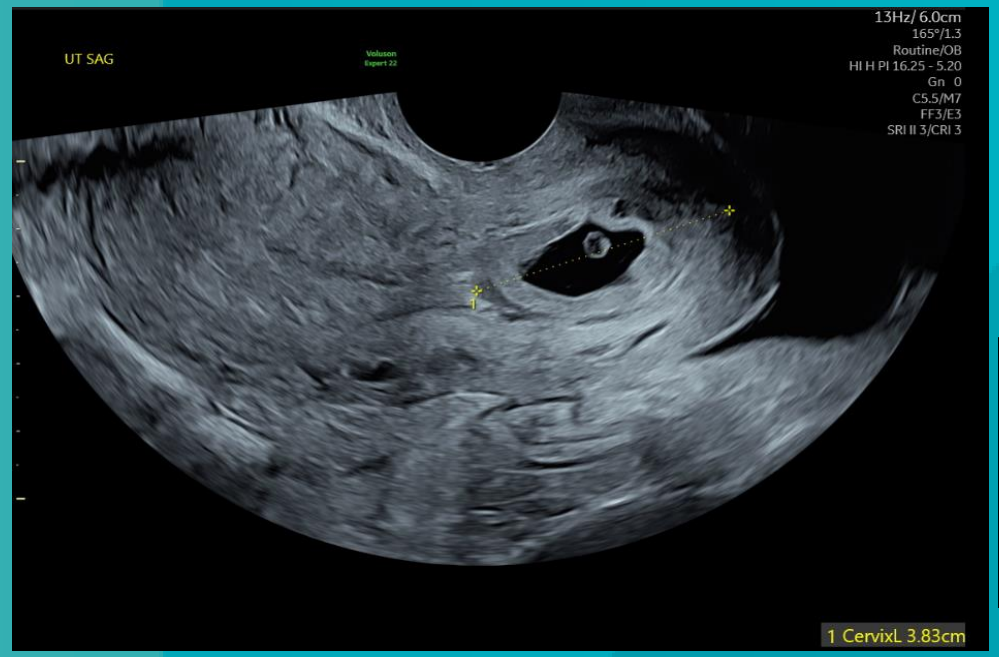
Background: A cervical ectopic pregnancy is a rare occurrence with an incidence of <1% of all ectopic pregnancies (1) Symptoms typically include heavy bleeding which can be associated with pain or pelvic cramping. Diagnosis is primarily made on transvaginal USS. Early detection is optimal as outcomes if left untreated are generally poor and can result in hysterectomy and life-threatening haemorrhage. Management options range from conservative, medical, and surgical procedures with a lack of consensus on the most effective method.

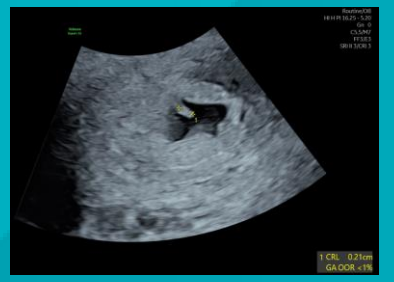
Aims: This case highlights the importance of serial follow up's when diagnosed with a pregnancy of unknown location.

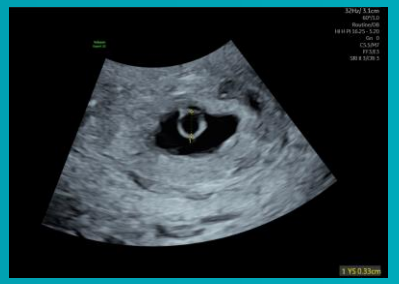
Case: A 28 yo G7P1M5E1 presented to the early pregnancy assessment unit approximately 5 weeks gestation with a history of vaginal bleeding and suprapubic abdominal pain. Her obstetric history included 1x LSCS, and recurrent chemical miscarriage.

She was hemodynamically stable with an Hb of 120 and a BHCG of 9287. A transvaginal USS revealed a live stable cervical ectopic pregnancy measuring 19x10x9mm. She consented to medical management and proceeded to have a single dose of IV methotrexate. She was then discharged with close outpatient follow up.

At her 2 week follow up appointment- BHCG levels were dropping and a pelvic USS showed resolution of the pregnancy.







Above: USS findings consistent with cervical ectopic.

Discussion: Though rare, cervical ectopic pregnancy should be considered a differential diagnosis in reproductive-aged women with a previous caesarean section who present with vaginal bleeding in the first trimester. Early clinical review and transvaginal USS being a key component to timely management.

References: (1) Samal SK, Rathod S. Cervical ectopic pregnancy. J Nat Sci Biol Med. 2015 Jan-Jun;6(1):257-60