

Ruptured right interstitial ectopic pregnancy:

A case report

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INTRODUCTION

An interstitial ectopic pregnancy occurs in the proximal portion of the fallopian tube that lies within the muscle wall of the uterus. Interstitial ectopic pregnancies are rare, accounting for 2-5% of all ectopic pregnancies¹, and are associated with high rates of rupture. The consensus in management of a haemodynamically stable patient is with intra-venous methotrexate. However, the surgical management of a haemodynamically unstable, ruptured interstitial ectopic can range from salpingectomy and excision of the ectopic (with cornuostomy), wedge resection, or hysterectomy.²

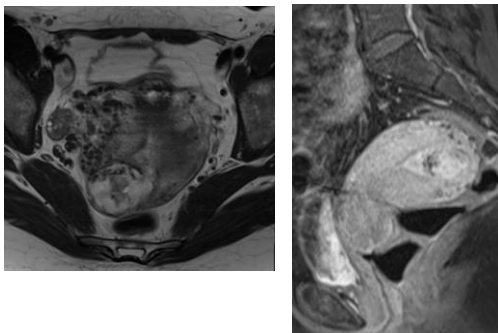
CASE REPORT

We report on the case of a 30 year old with a history of one previous caesarean section, who initially attended with presumed retained products after a miscarriage of a planned pregnancy. She underwent a suction curette due to significant bleeding, but histology returned showing blood clot and decidualised endometrium only. Two weeks later, she re-presented with ongoing vaginal bleeding and increasing HCG.



An ultrasound showed a large mass in the right cornu/proximal tube and she was commenced on methotrexate for management of a right interstitial ectopic.

Despite two doses of IV methotrexate, the mass continued to grow to 45x47x32mm. An MRI was performed and was suspicious for Gestational Trophoblastic Disease.



Multi-disciplinary team consensus was for conservative management, and serial HCG levels to ensure downtrending HCG.

Unfortunately, our patient later presented with sudden onset of severe abdominal pain, and an ultrasound showed a large volume of haemoperitoneum. A laparoscopy was performed and 2 litres of haemoperitoneum evacuated. The right cornu was grossly distorted, with a bleeding rupture point identifiable. A cornuostomy (incision of the cornu and evacuation of the contents) was performed, as well as a right salpingectomy.



The right cornu was oversewn, and the patient recovered well post-operatively. She was followed up regularly, and is now pregnant again under the care of our service.

DISCUSSION

Early identification and management of interstitial and cornual ectopic pregnancies is of paramount importance given the potential morbidity associated with rupture. If an ultrasound is inconclusive, MRI should be used for further clarification. When managing these cases the goal should be minimally invasive, uterus preserving surgery that minimises uterine cavity breaches as this is important for both current and future pregnancy outcomes.

References:

1. Brincat, M., Bryant-Smith, A. & Holland, T.K. The diagnosis and management of interstitial ectopic pregnancies: a review. *Gynecol Surg* 16, 2 (2019).
2. Grindler NM, Ng J, Tocce K, Alvero R. Considerations for management of interstitial ectopic pregnancies: Two case reports. *J Med Case Rep.* 2016