

# The Diagnosis and Management of Interstitial Ectopic Pregnancies

## A Case Report and Literature Review

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### BACKGROUND

**Interstitial ectopic pregnancies make up 2-6% of all ectopic pregnancies.**<sup>1</sup>

- It is a rare subtype of ectopic pregnancy which is implanted within the proximal intramural portion of the fallopian tube.
- This carries a higher risk of adverse outcomes such as uterine rupture, massive haemorrhage and mortality.

### AIMS

The aim of this case report and literature review is to outline the unique diagnostic and management considerations of interstitial ectopic pregnancies.



Figure 1: Laparoscopic view of interstitial ectopic pregnancy.

### CASE

A 34-year-old woman with a previous normal vaginal delivery presented to the emergency department with irregular vaginal bleeding and positive urine pregnancy test.

She had no abdominal discomfort and was haemodynamically stable, with a Hb of 135g/L and **serum beta-hcg of 10,986 IU/L**.

A transvaginal scan revealed an **unruptured interstitial ectopic pregnancy measuring 24x27x22mm**, consistent with 5+3 weeks gestation.

### RESULTS

**Laparoscopic resection of the right cornua and right salpingectomy** was performed, with products of conception confirmed on histopathology. Postoperative serum beta-hcg one week later demonstrated a satisfactory drop to 307 IU/L.



Figure 2: Laparoscopic view of resection of right cornua and right salpingectomy.

### DISCUSSION

Interstitial ectopic pregnancies are associated with a higher mortality rate in part due to delayed diagnosis, as **less than 40% of patients demonstrate the classic triad** of abdominal pain, amenorrhoea and vaginal bleeding.<sup>1,2</sup>

These pregnancies can be difficult to differentiate from intrauterine pregnancies and the use of **3-dimensional ultrasonography** may be useful.<sup>3</sup>

Medical management with **systemic or laparoscopic-guided methotrexate** are highly effective alternatives to surgical management in eligible cases.<sup>4</sup>

Patients require counselling on the lifelong risk of uterine rupture, necessitating caesarean sections in future deliveries.

### REFERENCES

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