The Diagnosis and Management of Interstitial Ectopic Pregnancies

A Case Report and Literature Review

Rajiv P¹, Choong A¹

¹Department of Obstetrics and Gynaecology, Eastern Health, Melbourne, Victoria



BACKGROUND

Interstitial ectopic pregnancies make up 2-6% of all ectopic pregnancies.¹

- 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.

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.

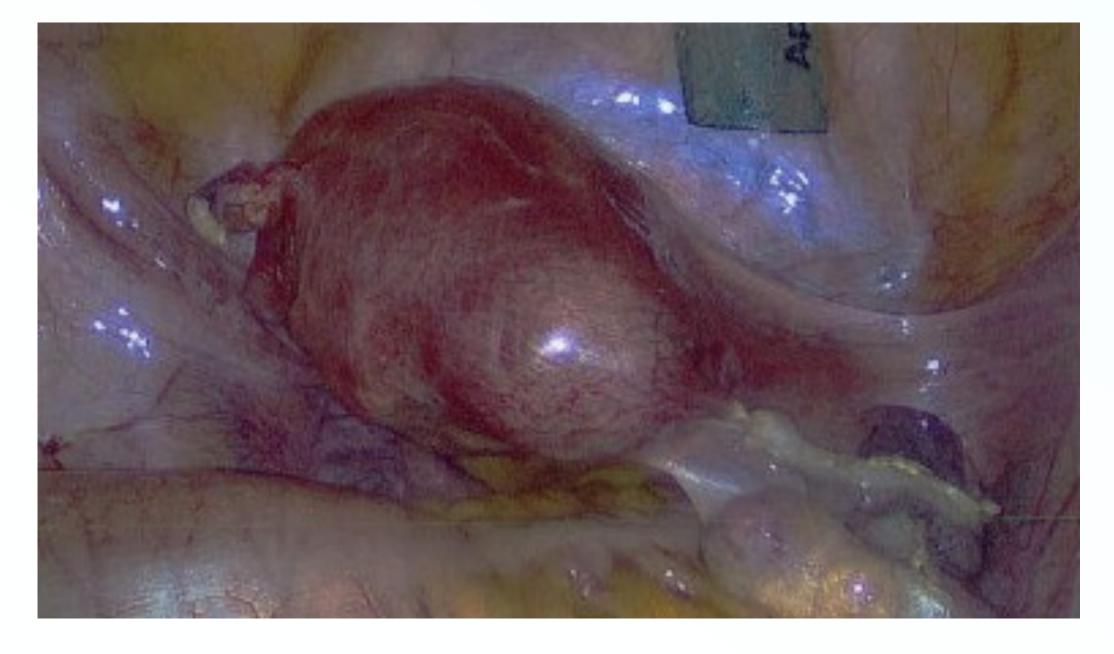


Figure 1: Laparoscopic view of interstitial ectopic pregnancy.



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.^{1,2}

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

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

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

REFERENCES

- 1. Faraj R, Steel M. Management of cornual (interstitial) pregnancy. *Obstet Gynaecol.* 2007;9:249–255.
- 2. Brincat, M., Bryant-Smith, A, Holland, T.K. The diagnosis and management of interstitial ectopic pregnancies: a review. *Gynecol Surg.* 2019;16,2.
- 3. Diagnosis and management of ectopic pregnancy: green-top guideline No. 21. *BJOG Int J Obstet Gynaecol.* 2016;123:e15–55.
- 4. Hiersch L, Krissi H et al. Effectiveness of medical treatment with methotrexate for interstitial pregnancy. *Aust N Z J Obstet Gynaecol.* 2014;54(6), 576–580.