

A Case Study of a Cervical Ectopic Pregnancy

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Background

Cervical pregnancy is a rare type of ectopic pregnancy where the pregnancy implants in the endocervical canal, where the prevalence has been reported as 1:10,000 deliveries¹. A cervical ectopic pregnancy is associated with a previous history of uterine curettage². Clinical suspicion is raised by a positive pregnancy test and the absence of an intrauterine pregnancy on ultrasound.

Case

A woman in her 40s presented to the Emergency Department at 6+6 weeks gestation based on a last menstrual period, following an ultrasound in the community showing a likely cervical ectopic. She had a history of vaginal bleeding but no abdominal pain. She had an obstetric history of 2 previous vaginal deliveries and 3 previous surgical terminations of pregnancies. A repeat ultrasound the following day confirmed a live cervical ectopic pregnancy. After a discussion regarding her management options, she underwent an ultrasound-guided dilatation and curettage, which was uncomplicated.

Results

The histopathology results confirmed products of conception. Post-operatively, the woman has been well and she is not planning any further pregnancies.

Discussion

Although cervical ectopic pregnancies are very rare, there is a high risk of severe haemorrhage³. A history of previous uterine curettage increases the risk of cervical pregnancy as it may result in intrauterine adhesions and therefore increase the risk of cervical implantation³.

Women who present with vaginal bleeding in early pregnancy with a history of previous uterine curettage should be thoroughly assessed with transvaginal ultrasound to help assess for a cervical ectopic pregnancy as early diagnosis can prevent severe haemorrhage³.

References

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3. Cervical pregnancy: Diagnosis and management. T Tulandi. https://www.uptodate-com.proxy.library.rcsi.ie/contents/cervical-pregnancy-diagnosis-and-management?search=cervical%20ectopic%20pregnancy&source=search_result&selectedTitle=1%7E138&usage_type=default&display_rank=1



Image 1. Cervical ectopic seen 13mm from external os