



A case report on cervical ectopic pregnancy

M.Mounica^{1*}, M.Ramya¹, V.Sushma Sri¹, M.Abhishek¹, Amit Kumar¹, Y.Annapoorna²

¹ Department Of Pharmacy Practice, Aditya College of Pharmacy, Surampalem, Andhra Pradesh, India.

² Departments of Obstetrics and Gynaecology, GSL Medical College & General Hospital, Rajahmundry, Andhra Pradesh, India

Abstract

Ectopic Pregnancy also termed as extrauterine pregnancy in which the fertilised egg implantation occurs outside the uterus. Cervical ectopic pregnancy is one of the rarest form with an incidence of less than 0.1%. Cervical ectopic pregnancy is life threatening due to the high risk of bleeding if it is not treated correctly. It can be diagnosed through symptoms, ultra sound imaging and serum Hcg levels. Symptoms include bleeding and pelvic pain. Methotrexate is the drug of choice, but still there is no consensus on the most appropriate treatment for this abnormal pregnancy. In this case we discussed about a 30years old pregnant woman presented with chief complaints of bleeding, white discharge, burning micturition and a known case of diabetes and hypertension.



Article History:

Received: 19.11.2022

Revised: 26.12.2022

Accepted: 27.01.2023

Keywords:

Extrauterine pregnancy, ectopic implantation, life threatening, pregnancy.

*Corresponding Author

M.Mounica

DOI:<https://doi.org/10.37022/wjcmpr.v54i1.249>

This article is licensed under a Creative Commons Attribution-Non-commercial 4.0 International License.
Copyright © 2023 Author(s) retain the copyright of this article.



Introduction

In pregnancy normally, the fertilised egg attaches to the lining of the uterus but in ectopic pregnancy the implantation of the fertilised egg occurs outside the main cavity of the uterus. An ectopic pregnancy cannot proceed normally and untreated condition may cause life threatening bleeding. Cervical ectopic pregnancy is a rare form of ectopic pregnancy in which implantation occurs in the endocervical canal (cervix). Cervical ectopic pregnancy may be more common in pregnancies achieved through assisted reproductive technologies. Early diagnosis is needed for conservative medical and surgical treatments. The exact etiology and pathogenesis are not known. Treatment includes Methotrexate with or without Kcl and hysterectomy is done if medical management fails or if the patient is hemodynamically unstable.

Case Report

A 30years old pregnant woman (primi with of 6 weeks pregnancy with overt DM and HTN) was admitted in GSL General Hospital with chief complaints of per vaginal bleeding, white discharge, burning micturition, nausea. In past the patient has taken the medications which includes tablet Meprate-10mg for three months. She underwent 2 cycles of IUI previously; however this pregnancy was a spontaneous conception. During USG of pelvis it is shown as single gestational with regular margin in cervix corresponding to 6 weeks and 2 days, 3X 3.5cms size.

The vitals are as follows:

VITALS	DAY-1	DAY-2	DAY-3	DAY-4	DAY-5	DAY-6
BLOOD PRESSURE(m mHg)	130/70	120/80	110/80	130/80	110/70	120/70
PULSE RATE(BPM)	78	78	80	80	86	80

On the day of admission her Beta Hcg level was 4506mIU/ml. based on the above subjective ad objective evidence the diagnosis was made as primi with 6weeks 3Days POG with DM and HTN with ectopic cervical pregnancy.

Multidisciplinary approach was taken and all attempts to conserve uterus was done as she was having no children. The treatment plan was explained to patient and attender and blood was reserved and consent for emergency hysterectomy was taken. Medical termination was done with using tablet Mifepristone and tablet Misoprostol. During the process of abortion. She bled heavily as anticipated. Intra cervical foleystamponade was done with 30ml normal saline under ultra sound guidance. Foleys was kept for 24hrs and the bleeding subsided. Repeat ultra sound showed complete evacuation of the cervix. Literature suggests the use of Methotrexate. As this patient was primi we decided to go for minimally invasive methods. The follow up Beta Hcg level was declined to satisfactory rates (911.80mIU/ml) at 3 days, and the patient is now planning for next pregnancy.

Discussion

Conservative treatment using Methotrexate and Potassium Chloride indicates a major advance in treating cervical ectopic pregnancy especially when fetal heart is present. In this case medical treatment was successfully implemented and even the side effects of methotrexate were avoided.



Fig: 1 Showing empty uterine cavity with decidual sheath.



Fig: 2 Empty uterine cavity and Gestational sac in cervix.



Fig: 3 Colour Doppler showing vascularity to the Gestational Sac in Cervix.



Fig: 4 Post abortion image showing empty uterus and cervix.

Conclusion

Though cervical ectopic pregnancy is a rare entity and often requires hysterectomy, newer methods like hysteroscopic resection or balloon tamponade can be done to conserve uterus.

Acknowledgement

The authors would like to express the sincere gratitude to the Head of the Department Dr.Y.Annapoorna madam of OBGY and the patient and all the health care professionals of GSL General Hospital for their valuable support.

Abbreviations

HCG - Human Chorionic Gonadotropin

DM - Diabetes Mellitus

HTN - Hypertension

K/C/O - Known Chief-complaint of

IUI - Intra Uterine Insemination

POG - Period of Gestation

Conflict of Interest

Nil

References

1. RastkoMaglic et al. Management of Cervical Ectopic Pregnancy with Small-Caliber Hysteroscopy 2021 Apr;25(2):e2021.00016. Pubmed PMID:34248344
2. BouyerJ,CosteJ,FernandezH,etal.Sites of ectopic pregnancy: a 10year population - based study of 1800 cases. Hum Reprod 2002;17:322.
3. MatorrasR,ZalloA,Hernandez-pilosR,etal.Cervical pregnancy in assisted reproduction.analysis of risk factors in 91,067 Ongoing. Reprod Biomed Online 2020; 40:355.
4. Guglielmo Stabile et al. Ectopic Cervical Pregnancy: Treatment Route.2020Jun12;56(6):293.Pubmed PMID:32545627
5. D.Chrestiana, A.B.Cheng,N.L. Pane Bianca and A.J. Dean, " Pitfalls in cervical ectopic pregnancy diagnosis by emergency physicians using bedside ultrasonography," The American Journal of emergency Medicine, vol.32,no.4, PP.397-397.e3,2014.