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## Resolution of chronic ectopic pregnancy with letrozole

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### Abstract

Two patients of chronic ectopic were treated with a new drug letrozole with resolution of the mass and decrease in beta hCG levels. Patient was followed up for 6 months with no recurrence.

**Keywords:** chronic ectopic pregnancy, letrozole, mass

### Introduction

An ectopic pregnancy is a pregnancy developing outside uterine cavity. Acute ectopic occurs when trophoblastic tissue invades the implanted structure causing protracted destruction, repeated rupture, minor bleeding leading to haematocele formation resembling a complex pelvis mass. Chronic ectopic pregnancy is a potentially life-threatening condition that is diagnostically challenging. Once confirmed depending on hemodynamic stability, size of mass, levels of Beta hcg, treatment is decided as medical or surgical. In medical management most commonly used drug is methotrexate which is fraught with side effects as a chemotherapeutic agent. Thrombocytopenia and elevated liver enzymes are commonly reported side effects.

Letrozole is a new emerging aromatase inhibitor drug which gives promising results in treating this disease. This drug has been used in oestrogen dependent breast cancer and improve pregnancy rates in women with polycystic ovarian disease.

### Case report

A 28 year old woman G4P2L2A1 at 11 weeks +6 days period of gestation with previous 2 LSCS presented with complaints presented to emergency department with complaint of irregular bleeding per vaginum and dull aching pain since three weeks associated with episodes of giddiness. Vitals were stable. Per vaginum examination revealed 8 weeks size uterus with fullness in right adnexa. Urine Pregnancy test was positive on admission. An urgent pelvic ultrasound revealed right adnexal hyperechoic mass of 9.1x4.9x9cm 6x 5.3 x5.8 cm with ill defined echogenic areas with minimal fluid seen in Pouch of Douglas (Fig-1). Beta hcg was found to be 1525.51 mIU/L. Patient was diagnosed as a case of chronic ectopic pregnancy. After informed consent patient opted for conservative management with sos need for surgical treatment and was started on tab letrozole 2.5 mg three times for 4 days followed by twice daily for next 3 days. Follow up was done with Beta hcg and TVS. Beta hcg done on 4th day and 7th day was found to be 367.21mIU/L and 123 mIU/L respectively in decreasing trend. A transvaginal ultrasound revealed no signs of ruptured mass, decrease in size and no free fluid (Fig-2). Patient was discharged in stable condition after 8 days with advice of using barrier contraception and followed up for 6 months with no recurrence.

### Discussion

Chronic ectopic pregnancy is a conundrum. The clinical features of chronic ectopic pregnancy are similar to acute ectopic pregnancy or sometimes mild and subtle to diagnose as ectopic. In addition, duration of symptoms is often longer in chronic ectopic, with more remote onset of pain in general and longer amenorrhoea. In medical management methotrexate is recommended as most efficient and practical method. But in this case we used letrozole as a third generation aromatase inhibitor for medical management for suspected chronic ectopic pregnancy. It results in decrease in beta hCG by more than 15% between day 4 and day 7 shows successful medical treatment.

