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A case report of cervical ectopic pregnancy

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Abstract

Cervical ectopic pregnancy is a rare case condition with an incidence of less than 1% of all ectopic pregnancy. The incidence of cervical ectopic pregnancies ranges between 1 in 1,000 to 95,000 gestations. Cervical ectopic pregnancies are especially feared due to their associated life-threatening hemorrhage. It is associated with a high morbidity and mortality potential. In the case reported here, a combination of surgical and medical treatment conserving the patient's childbearing capacity was successfully implemented. Timely intervention is required to preserve fertility loss of the mother and to avoid the need for a hysterectomy. A rare case of cervical ectopic pregnancy is reported and the challenges in the diagnosis and management are discussed.

Keywords: cervical ectopic pregnancy, life-threatening hemorrhage

Introduction

Ectopic pregnancies (EP) are still a major problem, with more than 10,000 cases diagnosed annually. Cervical ectopic pregnancy is the implantation of blastocyst in the intracervical canal. Cervical ectopic pregnancies account for less than 1% of all pregnancies with estimated incidence of one in 2,500 to one in 18,000. Cervical ectopic pregnancies are especially feared due to their associated life-threatening transvaginal hemorrhage associated with the high risk of emergency hysterectomy and massive blood transfusions. In the past, hysterectomy was often the only choice available due to extensive and uncontrollable hemorrhage. Nowadays, using high-resolution transvaginal sonography (TVS), the accuracy of the diagnosis of "cervical ectopic pregnancy" has significantly improved. Currently over 90% of EP can be visualized on TVS. This means that EP can be diagnosed in an earlier stage when the woman is still asymptomatic. In the past, cervical ectopic pregnancy associated with significant hemorrhage and was treated presumptively with hysterectomy. Improved ultrasound resolution and earlier detection of these pregnancies lead to the development of more conservative treatment that attempt to limit morbidity and preserve infertility. A case of cervical ectopic pregnancy is presented here, highlighting successful diagnosis, management and challenges of this rare condition.

Case report

A 22 Years old primigravida female with 2 months of amenorrhoea with complain of bleeding per vaginum and lower abdominal pain since 2 days. Firstly patient was diagnosed as having incomplete abortion as suggestive by a positive urinary pregnancy test and on transabdominal ultrasonography empty uterine cavity with minimal free fluid in lower uterine cavity (suggestive of retained product of conception) and endometrial thickness was 7 mm. on examination, Excessive bleeding per vaginum at present. Transandominal ultrasonography suggestive of 16*12 mm of echogenic area in lower uterine cavity. Routine pre-operative investigations was done. Routine blood investigations was done. One pint PCV was given. Serum Beta HCG on day 1 was 20312.01 mlu/ml and which was treated surgically by exploration with dilation and curettage then after 48 hours Beta HCG reduced to 3298.49 mlu/ml then treated with intrmuscular inj. Methotraxate. Post Operatively patient was vitally stabled. Then patient was discharged after conservative management on tab. Methotrexate with antibiotics & follow up with Beta HCG which was 203.15 mlu/ml.

Discussion

Cervical ectopic pregnancy is a rare obstetrical complication. CEP carries the considerable risk

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of maternal mortality or serious morbidity due to severe hemorrhage. Although cervical ectopic pregnancy are rare and it can be treated medically as well as surgically. The essential early diagnosis of CEP allows for careful planning of more conservative procedures in those patients who desire preservation of childbearing capacity. Success of treatment depends on the timely and prompt diagnosis by early ultrasonography which can reduce the chances of severe life threatening hemorrhage necessitating hysterectomy and blood transfusion rates. And there are no guidelines available for clinicians. Therefore, each case of CEP must be managed individually taking the presented management modalities carefully into account.



Fig 1: Trans-abdominal ultrasonography with minimal free fluid in lower uterine cavity



Fig 2: Trans-vaginal ultrasonography showing cervical ectopic pregnancy



Fig 3: Bleeding per vaginum in cervical ectopic pregnancy

Conclusion

Although cervical ectopic pregnancy are rare and it can be treated medically as well as surgically. Success of treatment depends on the timely and prompt diagnosis by early ultrasonography which can reduce the chances of severe life threatening hemorrhage necessitating hysterectomy and blood transfusion rates.

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Conflict of interest

None declared

Ethical approval

Not required

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