Cervical ectopic pregnancy successfully treated with single dose intramuscular methotrexate: A case report

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ABSTRACT
Introduction: Cervical ectopic is an extremely rare but dangerous form of ectopic pregnancy as it is associated with high morbidity. Cervical ectopic is defined as the implantation of the blastocyst in the endocervix below the internal os. Case Description: A 31-year-old Malay, G2P1 with one previous caesarean scar (at 5+5 weeks POA), was presented with a five-day history of worsening per vaginal bleeding, associated with intermittent suprapubic pain. Her vital signs were stable. Abdominal and speculum examinations were unremarkable. Transvaginal ultrasound revealed an anteverted uterus with an Endometrial Thickness (ET) of 8 mm. The cervix was bulky and contained a gestational sac below the internal os, measuring 1.2 x 1.4 cm with an hourglass appearance. There was a non-viable fetus with a CRL of 12.3 mm (7-week 3-day). There was no adnexal mass or free fluid in the pelvis, and the sliding sign was negative. Her haemoglobin level was 11.1 g/dl. Her renal and coagulation profile were normal. The initial βHCG level was 3,490.7 mIU/ml. She was given intramuscular Methotrexate (50 mg/m²) following counselling. A repeat level of βHCG after 72 hours showed a significant, 91%, reduction to 305.4 mIU/ml. Post-treatment, βHCG level on day-7 was 83.2 mIU/ml. She remained asymptomatic and was subsequently discharged from the follow-up. Discussion: Management options for cervical ectopic range from conservative medical treatment to radical surgical procedures. Medical treatment (intramuscular methotrexate) is offered only to those with uncomplicated cervical ectopic which is diagnosed at an early stage of pregnancy.