

# Successful rescue of bleeding in cervical pregnancy with concomitant laparoscopic uterine artery occlusion and dilatation & curettage

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## ABSTRACT

**Introduction:** Cervical pregnancy constitutes less than one percent of ectopic pregnancy but highly associated with life-threatening condition especially when patient presented with massive hemorrhage. A prompt clinical diagnosis and treatment needed to save the patient. **Case Description:** A 35-year-old woman in her third pregnancy, presented at Early Pregnancy Assessment Centre (EPAU) at 9 weeks 4 days gestation. She complained of heavy per-vaginal bleeding with blood clots but denied abdominal pain or passing out product of conception (POC). Upon review, her vital signs were stable and no abdominal mass or tenderness elicited. A vaginal examination revealed a cervical opening, a POC felt inside the cervix, and active per-vaginal bleeding. Transvaginal ultrasound confirmed the diagnosis of a cervical pregnancy with a highly vascular trophoblastic attachment at 8 o'clock position in the upper cervical canal. Urgent surgical evacuation was decided to control the bleeding, but because substantial haemorrhage was expected, it was planned together with laparoscopic uterine artery occlusion. Right uterine artery was occluded at its origin through a laparoscopic retroperitoneal approach using a vascular clip. The procedure significantly reduces the bleeding allowing evacuation of POC to be performed safely. Patient remained asymptomatic after surgery and discharged well the following day without any complication. **Discussion:** Massive hemorrhage from cervical pregnancy can be prevented by laparoscopic uterine artery occlusion prior to surgical evacuation. Technical viability, decreased bleeding during operation and possible fertility preservation are among the clear benefits of this procedure.