CERVICAL PREGNANCY

(A Case Report and Review of Literature)

by

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Cervical pregnancy is a very rare form of ectopic gestation in which the ovum implants and develops in the cervix. Some of these abnormal pregnancies remain unrecognised because products of conception are expelled as abortions early in the development. Treatment may be in the form of hysterectomy if the bleeding is very profuse or currettage and packing of cervical canal. A case of primary cervical pregnancy encountered at General Hospital, Solapur, is reported.

Case Report

A.N. a 28 year old woman was admitted to General Hospital, Solapur, on 16-7-76 at 12.30 a.m. with complaints of excessive vaginal bleeding and pain in abdomen for 6-7 hours following amenorrhoea of 2 months. Her previous cycles were irregular, 4/45-60 days with moderate flow. She was para 2, both normal term deliveries, one male child 6 years old and one female child 3 years old, both alive and well. There was no history of previous abortions. Patient was slightly pale, B.P. 110/70 mm of Hg, pulse 124/mt regular, good volume and tension. Systemic examination did not reveal anything abnormal.

On abdominal examination, a small firm mass was palpable in the midline arising from the pelvis. Vaginal examination showed a retroverted, soft enlarged uterus with a small firm mass attached to it at the top which the resident diagnosed as a subserous fibroid. Her Hb was 56%, urine was negative for albumin and sugar, blood group was B Rh + ve. Since the patient had considerable amount of vaginal bleeding, she was posted for examination under anaesthesia and curettage next morning.

Under I.V. Pentothal anaethesia vaginal examination was done which revealed a greatly distended, ballooned out soft cervix with small firm body of uterus perched on its top. Fig. 1. External os was open, admitted one finger easily. A round polypoid mass was felt in cervical canal attached on its left posterolateral aspect. A slightly open internal os was felt beyond the attachement of this polypoid mass. Uterine sound was passed beyond the mass in cervical canal through the internal os into uterine body. Total length of uterocervical canal was 5".

The mass could be separated from cervical wall fairly easily and was removed piecemeal with the help of ovum forceps and was found to be products of conception. A ragged area was left behind at the site of attachment of conceptus. Patient had moderate amount of vaginal bleeding during evacuation and recovered completely. She had slight amount of vaginal bleeding off and on for 15 days. Repeat vaginal examination after a week showed a normal sized, mobile anteverted uterus. Cervix was slightly elongated, soft, external os was patulous with old bilateral tears. Hysterography, (Fig. 2) was done after 15 days which showed a normal uterine cavity with elongated and dilated cervical canal.

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Discussion

Many authors adhere to certain strict criteria requiring pathological proof for the diagnosis of cervical pregnancy (Rubin's criteria 1911). Such a proof depends mainly on examination of hysterectomy or autopsy specimens.

More liniency is required in the diagnostic criteria as suggested in the papers of Schneider and Dreizin (1946), Duckman and Aico (1957), Paalman and McElin (1959) in the interest of the patient for institution of proper treatment. These authors have described certain clinical features for the diagnosis of cervical pregnancy such as softened, enlarged cervix equal to or larger than corpus (hourglass shaped uterus), a patulous external os and snug internal. os.

We have reported this case with a view to emphasize that it could be possible to diagnose clinically a case of cervical pregnancy in the absence of severe haemorrhage and pathological proof if certain clinical criteria are met with. Our case according to Paalman and McElin's (1959) classification belongs to clinically suggestive group of primary true cervical pregnancy as complete attachment of conceptus was below the level of internal os. Possibility of cervical abortion is ruled out because external os was partially dilated and cervix had old bilateral tears on examination and thus could not afford any resistance to dilatation. Patient did not have profuse vaginal bleeding which could be explained by the fact that complete placentation was below the level of internal os. In cases where the placentation extends to isthumus—the so called isthumicocervical pregnancies—the bleeding is liable to be very profuse.

Abstract

Cervical pregnancy is a very rare form of ectopic gestation. A case of primary true cervical pregnancy encountered at Government General Hospital, Solapur is reported and the literature on the condition reviewed. Clinical criteria to diagnose the condition in the absence of pathological proof are emphasized. True cervical pregnancy with complete placentation below the level of internal os is associated with less amount of haemorrhage as compared to isthumico-cervical pregnancies.

References

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See Figs. on Art Paper VI