MANAGEMENT OF TUBAL ECTOPIC PREGNANCY WITH METHOTREXATE

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SUMMARY

A 24 year old patient with an unruptured ampullary pregnancy of 2 months gestation was treated with oral methotrexate. Patient obtained subjective and objective relief of symptoms within 5 days of completion of treatment. Hysterosalpingography performed a month and a half after initiation of treatment revealed absence of obstruction of the tube as a result of the ectopic pregnancy.

Introduction

Treatment of ectopic pregnancy has been limited to radical surgical procedures like salpingectomy, with or without ipsilateral oophorectomy, or to conservative surgical procedures like partial salpingectomy, salpingectomy and reimplantation, salpingotomy, segmental resection and anastomosis and segmental excision.

The rationale for conservation of the tube is that in greater than 50% of the patients the opposite tube is abnormal, 10% to 50% will have another tubal gestation, often in the contralateral tube and 60% to 70% of these women will never have a viable child after salpingectomy. It was indicated that when post-operative fertility is desired, the involved tube should be preserved if it appears salvageable, if it is not ruptured and the patient is in stable condition.

Besides conservative surgical operations there has been a report of medical management of an interstitial ectopic pregnancy with methotrexate. In the following report is described a case of ectopic pregnancy where an attempt was made to medically manage the case with methotrexate.

Case Report

A 24 year old primigravida came with history of amenorrhea of 2 months and 3 days duration and accompanied by pain in the lower abdomen since 7 days, the pain being more on the left side. On pelvic examination the uterus was retroverted, normal in size with a cystic mass in the left fornix about 4 cms in diameter and tender to touch. An ultrasonography was carried out which revealed the presence of a "normal sized uterus with no intrauterine pregnancy but a gestational sac below and to the left of the uterus. There are fetal echoes with-

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in the sac and fetal heart movements are detected."

A diagnostic laparoscopy was carried out which revealed the presence of a left sided ectopic pregnancy in the ampullary portion of the tube. The ovary on the ipsilateral side and the contralateral adnexa were normal and the diagnosis of an unruptured ectopic pregnancy in the ampulla of the left tube was made.

The patient was kept under strict observation in the hospital where her vital parameters were closely monitored. Starting from the day of laparoscopy the patient was given 15 mg of methotrexate daily in 3 divided doses for 5 days. The course was repeated after an interval of 10 days.

Within five days of completion of the first course the patient had significant subjective and objective relief from her symptoms and she was discharged from the hospital. A beta subunit of HCG performed on the 12th day after laparoscopy revealed levels of 40 IU/ml and on the 25th day after laparoscopy $<$ 10 mIU/ml.

The patient menstruated on the 38th day after laparoscopy. A hysterosalpingography performed in the next cycle demonstrated bilateral patent tubes with no evidence of a block.

Discussion

The role of methotrexate in gestational trophoblastic neoplasms is well known and is the accepted line of treatment. But its use in ectopic pregnancy has not been widely documented.

Use of methotrexate in management of ectopic pregnancy is restricted to those cases where the tube is not ruptured, especially when subsequent fertility is desired. Methotrexate has an added advantage of restoring tubal patency in cases where the tubes were not blocked prior to occurrence of the ectopic pregnancy.

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