Cervical Pregnancy with Broad Ligament Haematoma

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22 year old Mrs. A, a G2P1L1 with 2 months amenorrhoea presented with h/o MTP at a private hospital on previous day. The procedure had been abandoned following profuse bleeding per vaginum. She had pain in abdomen and profuse bleeding PV since then.

Her previous menstrual cycles were normal and regular and her LMP was on 20/11/96.

On examination the patient was pale with tachycardia of 110/min. B.P. = 110/70 mm Hg. Her systemic examination was normal. On per abdominal examination, she had minimal guarding in the (L) illiac fossa. A per speculum examination showed a congested cervix with minimal bleeding through the os. On a gentle bimanual pelvic examination uterus was retroverted, exact size was not made out, cervix felt bulky, os closed (R) fornix was clear. Bogginess was present in the (L) fornix.

On admission her Hb was 8gm% and baseline haematological investigations including coagulation profile were within normal limits. Urine pregnancy test was positive. Beta - HCG - 8000 mIU/ml USG showed a gestational sac in the cervical canal corresponding to 6 weeks with a fetal pole but absent cardiac activity. Internal os was closed. A diffuse mass 52x34 mm was seen in the (L) parametrium suggestive of broad ligament haematoma. These findings correlate with Paalman's criteria of cervical pregnancy.

Her vital parameters were monitored. She was started on intravenous Ciprofloxacin, metronidazole and anti inflammatory drugs. The patient was haemodynamically stable and a subsequent ultrasound showing that the size of the (L) broad ligament haematoma had remained static. Hence we followed a conservative line of management. Inj. Methotrexate 1mg/kg on alternate days and Inj. Folinic acid 0.1 mg/kg on alternate days for 5 days were given. Complete blood count monitoring was done.

A repeat ultrasound during chemotherapy showed multiple bright echogenic areas in the enlarged cervix suggestive of remnants of cervical pregnancy with decreasing size of the broad ligament haematoma.

To assess the response to chemotherapy, an ultrasound was repeated 15 days following chemotherapy which showed the uterus was normal sized with no evidence of intra or extrauterine gestational sac. Internal and external os were closed and no parametrial mass was made out.

Though cervical pregnancies have been known to prove catastrophic, parenteral methotrexate has emerged as one of the regimes of choice for a successful management. In our present interesting case we adopted a protocol of conservative management and were fortunate to have a favourable outcome.