

Cervical Pregnancy

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Mrs. R.K. 32 year, G₁P₂L₂A₁ with 8 weeks amenorrhoea was admitted in a private Hospital for MTP. At the time of cervical dilatation under sedation, patient started bleeding profusely. Procedure was abandoned. Vaginal packing was done & patient was transferred to Rajawadi Municipal Hospital for further management on 08/05/1998 at 11.30 p.m.

On admission patient was in shock with severe pallor, feeble pulse 120/min. & B.P. 90/60 mm of Hg. P.A. Soft & Vaginal pack was in situ with no active bleeding.

Patient was transfused with 2⊙ of packed cells. After her G.C. improved, she was shifted to OT, vaginal pack was removed & on PS examination the cervix was ballooned up with profuse bleeding thro' external os. On FU general anesthesia, uterine size could not be made out. Cervix was ballooned up & fornices were clear.

There was a dilemma regarding the diagnosis of the case. Differential diagnosis thought were inevitable abortion, incomplete abortion, instrumental injury or cervical pregnancy.

Due to absence of emergency ultrasound facilities & suspected instrumental perforation the decision to open the abdomen was taken. On exploration there was no evidence of instrumental injury to cervix, uterus or parametrium. Uterus was slightly bulky in size and bilateral tubo ovarian structures were normal. Dilated blood vessels were seen towards the lower end of the uterus, giving a suspicion of cervical pregnancy. For the control of haemorrhage, bilateral internal iliac artery ligation was done. As bleeding was un-controlled, uterus with cervix was removed & sent for the histopathological examination. Pathological report on gross examination showed evidence of empty uterus with foetus in gestational sac and placenta below the level of internal os. Cervix was ballooned up & congested. Histopathologically uterus did not show signs of implantation & section through the cervical region below the level of internal os showed chorionic villi. The section through the placental site showed chorionic villi along with cervical glands. Diagnosis was cervical pregnancy. Post operative recovery of the patient was uneventful.