

Cervical Pregnancy

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Cervical pregnancy is a rare form of ectopic pregnancy and evacuation in an unsuspected case can induce uncontrollable bleeding requiring emergency hysterectomy. We report here a patient with a cervical pregnancy diagnosed at seven weeks of gestation and successfully treated with methotrexate.

Mrs. JRS a 31 year old gravida 3 para 1 presented with a history of spotting following 49 days amenorrhoea. She had undergone a caesarean section 3 years ago followed by an MTP 6 months later. On examination she was slightly pale but the vital signs were normal. On pelvic examination uterus was anteverted and bulky and there was a localised tender swelling in the anterior wall of the cervix. The external os was closed. The urine pregnancy test was positive.

Ultrasound examination showed a bulky uterus with a thin echogenic endometrium. A gestation sac of

1.2 diameter was visualized in the cervical region 1.2 cms in diameter. Foetal pole was not visualized. Colour Doppler studies showed increased vascularity around the gestation sac. There was no adnexal mass (Fig-1). The serum beta hCG done on 3-9-99 was 16,442 mlu/ml confirming the diagnosis of cervical pregnancy.

Inj. Methotrexate 1 mg/kg was administered intramuscularly from 4-9-99 on days 1,3,5 & 7 with folic acid 0.1 mg/kg IM on days 2,4,6 & 8. The patient was followed up with serial Beta hCG estimations. The levels progressively decreased to 3397 mlu/ml at the end of methotrexate therapy and to 580 mlu / ml 12 days after completion of treatment, reaching undetectable levels 35 days after the therapy. Serial ultrasound examinations after the therapy showed reduced vascularity followed by collapse of the gestation sac and finally complete disappearance of the sac.

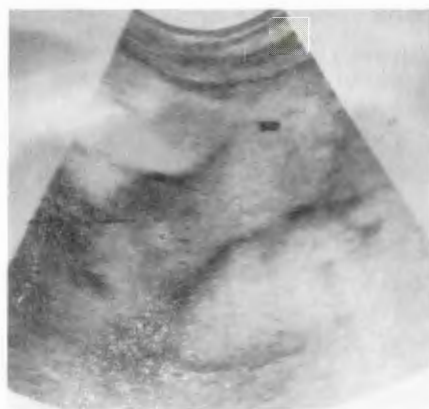


Fig. 1