Introduction

Cervical ectopic pregnancy (CEP) is the rarest site for gestation. Incidence is estimated to be less than 1% of all ectopic pregnancies and has a higher probability of complications. Risk factors include any surgical manipulation of the uterus, uterine leiomyomata, prior curettage, history of pelvic infection or inflammation.

Case Report

Patient is a 30 year old G3P2002 obese Hispanic female who presented to the office for follow up on her presumed threatened abortion with gestational age 7w2d estimated by LMP. Her β-hCG level was 7,927 mIU/mL.

In office, pelvic examination demonstrated a closed external cervical os. TVUS was performed and exhibited a 11.9 mm gestational sac and fetal pole with cardiac activity and a CRL of 7.2 mm, consistent with 6w4d pregnancy.

MRI indicated a gestational sac was indeed present in the upper cervix and measured 2 cm and 6w5d by CRL. β-hCG level was 9,614 mIU/mL.

Multidose MTX therapy was completed and did not resolve the pregnancy.

She left AMA and returned with vaginal bleeding. Patient was transferred to OR where suction curettage resolved the presence of gestational sac. Follow-up was scheduled but patient did not return to clinic.

Discussion

In order to diagnosis a CEP, there must be a high clinical suspicion when there is a presentation of vaginal bleeding and pelvic pain.

CEP can be easily missed or misinterpreted as an ongoing abortion or low intra-uterine pregnancy, as in our patient.

Transvaginal ultrasonography is deemed the best imaging modality for diagnosis.

Chapman points may further aid in determining location.

Conclusions

CEP is a rare but life-threatening condition and misdiagnosis can lead to fatal hemorrhage. Management of CEP depends on whether future pregnancy is desired. Conservative medical management can fail, but surgical intervention can preserve fertility and resolve the pregnancy. Preserve fertility with conservative surgical options like curettage, cerclage and tamponade.

References