

A risk reducing approach for cervical ectopic pregnancies: a case for two-dose IV methotrexate

Dr Olivia MacPherson

INTRO

- Cervical ectopic pregnancies occur in <1% of all ectopic pregnancies. Both natural history and its management can cause life-threatening haemorrhage (Balci & Sel, 2021).
- Systemic methotrexate is recommended as surgery carries a high haemorrhage risk.
- Two-dose protocols have demonstrated greater success rates and time to bleeding resolution in tubal ectopics with high betaHCGs (Balci & Sel, 2021). Limited guidelines exist for cervical ectopics, despite being associated with higher betaHCGs, morbidity and mortality rates than tubal ectopics.

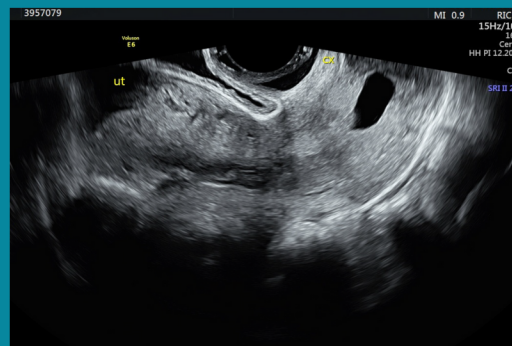


Figure 1: Early live ectopic pregnancy – cervical ectopic with an 11mm fetal pole at 7w +0 d

AIM

This case describes the management of a cervical ectopic and demonstrates the need for further research into two-dose methotrexate protocols to potentially avoid high risk surgery.

CASE

35yo G2P0M1 is 7 weeks pregnant

Presents with vaginal bleeding (Hb 76) Previously well and haemodynamically stable

Live cervical ectopic confirmed on TA USS

BetaHCG 55,237

Received single dose IV methotrexate and a blood transfusion

12 days later... patient requests surgical management for ongoing bleeding

betaHCG 11,784

Counselled for significant risk of haemorrhage and deterioration given pre-op anaemia. Recommended conservative mx as bleeding ongoing but not life threatening..

EUA + curettage:

Difficulty delimiting tissue and cervix in OT. 6cm diameter products were sharp curetted piecemeal. A degree of tissue was left in situ for cervix conservation. EBL 150mL with 3U syntocinon and TXA. No cervical stitch or Cook's catheter required for haemostasis.

CONCLUSION

A risk reducing approach that aims to avoid surgery is preferable to maximise patient outcomes.

Two-dose protocols have been shown to reduce time to resolution of symptoms and failure rates with no difference in side effects for tubal ectopics (Balci & Sol, 2021)

While fortunately uncomplicated, the surgical risks for an already compromised, anaemic patient may have been avoidable.

Further research into the efficacy of two-dose methotrexate protocols for cervical ectopics is required.

REFERENCES

1. Balci, S. and Sel, G. (2021) 'Single versus two-dose methotrexate in ectopic pregnancy treatment: Meta-analysis', Current Obstetrics and Gynecology Reports, 10(4), pp. 107–114. doi:10.1007/s13669-021-00307-2.
2. Song, T. et al. (2015) 'Single-dose versus two-dose administration of methotrexate for the treatment of ectopic pregnancy: A randomized controlled trial', Human Reproduction [Preprint]. doi:10.1093/humrep/dev312.