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Ectopic Pregnancy in the Cervix: A Case Report

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Abstract

Cervical ectopic pregnancy is a extremely rare condition with potential grave consequences if not diagnosed and treated early enough.We present a case of multiparous lady with history of one cesarean section and two suction evacuations admitted with hemoperitoneum,diagnosed intraoperatively as cervical pregnancy and managed successfully by hysterectomy.

Keywords : Ectopic pregnancy,cervical pregnancy,cesarean sectionhemoperitoneum,hysterectomy

Introduction

Cervical ectopic pregnancy is extremely rare, accounting for less than 1% of all ectopic pregnancies [1]. Cervical ectopic pregnancy is the implantation of a pregnancy in the endocervical canal. Its etiology is still unclear. However, there are reports of association with chromosomal abnormalities as well as a prior history of procedures that damage the endometrial lining such as cesarean section, intrauterine device, and in vitro fertilization [2].

Case Report

A 33 years para 3 with history of one cesarean section and two suction evacuation was admitted with complains of amenorrhoeaa

of one and half mon ths,intermittent bleeding per vaginum for 15 days and fainting attack for 1 day.Suction evacuation was tried in private hospital which led to torrential vaginal bleeding and patient was referred to tertiary care centre .

On examination patient had severe pallor, pulse rate 136/min low volume, blood pressure 100/60 mm Hg, Per abdominal examination showed generalized tenderness, abdominal distention & on per vaginal examination uterus bulky, mid positioned , ballooned cervix with closed internal os & cervical motion tendernesss .Pregnancy test was positive.

Laparotomy was done with 300 mls of clotted blood in the peritoneal cavity, bilateral healthy tubes and ovaries, ballooned cervix, a small perforation in the anterior aspect of cervix with products of conception protruding out. Intraoperative diagnosis of a case of cervical pregnancy was made for which total abdominal hysterectomy was done & histopathology study of uterus and cervix showing presence of villi in the cervical stroma confirmed it to be a case of cervical pregnancy. Post operative period was uneventful.

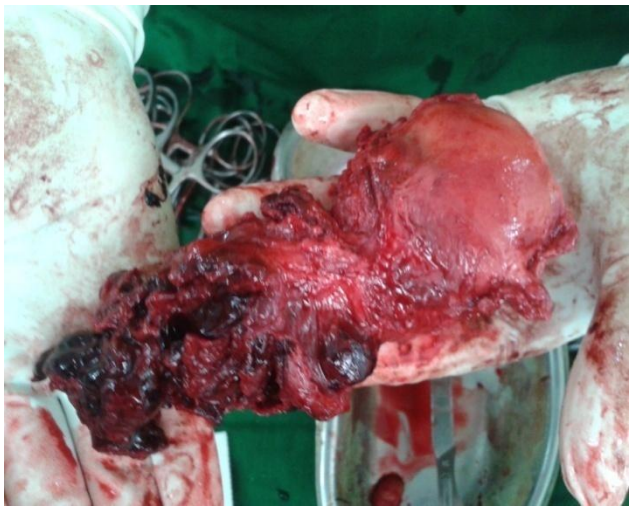

Fig 1.Hysterectomy specimen with cervical pregnancy

Discussion

The incidence of cervical pregnancies is calculated to be less than 1% of ectopic pregnancies[1].An actual increase in the incidence of cervical ectopic pregnancy may be attributed to an increased prevalence of women with a history of uterine curettage and treatment for infertility

.Jacob et al reported an ectopic cervical pregnancy which presented in such an atypical fashion (as a missed abortion)that diagnosis was only made at surgical evacuation during which the sudden severe hemorrhage could only be controlled by emergency hysterectomy[3].Inspite of various advances,surgical interventions like total abdominal hysterectomy maybe required to arrest life-threatening hemorrhage, especially in female not requiring future fertility as in this case.[4]

Cervical pregnancy rate is 1 in 16000[5].Highest among elective abortion and DNC.Rare but hazardous site for placental implantationas trophoblast can penetrate through cervix wall and in to the uterine blood vessel.

Rubins criteria to diagnose cervical pregnancy

Cervical glands must be opposite to placental attachment.Placental attachment to cervix must be present below the entrance of uterine vessels or below peritoneal reflections in anterior or posterior surface of uterus.Fetal elements must be absent from corpus uteri

Palmar and Mcelin's criteria [5]Uterine bleeding without cramping pain following a period of amenorrhoea.A soft enlarged cervix equal to or larger than fundus.Product of conception entirely confined within and firmely attached to the endocervix.Closed internal cervical os.Partially open external os.

Treatment choices may be divided into five categories: tamponade, reduction of blood supply, excision of trophoblastic tissue, intra-amniotic feticide, and systemic chemotherapy [6]

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