



Report of two cases of cervical pregnancy treated in a divergent way

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Abstract

Objective: The presentation of these cases is intended to show the results of two treatments used for cervical ectopic pregnancy that are minimally invasive: One in the first trimester and another in the third trimester of pregnancy.

First case: A 34-year-old primiparous patient who came to the emergency room with abdominal pain and transvaginal bleeding and was 6 weeks pregnant. There, an endovaginal ultrasound was performed, which showed a sac without embryo and “incomplete abortion”. She was admitted to performing uterine curettage and during the procedure, the empty uterine cavity was found, so a transoperative ultrasound was requested that demonstrated the gestational sac in the cervix, with a live embryo of 7 weeks. This patient was admitted to the hospital and was treated with methotrexate plus folic acid, monitoring the beta-fraction levels of chorionic gonadotrophin and ultrasound every 48 hours until its negativization and resorption.

Second case: Patient of 30 years. G2C1 who attended the consultation with abdominal pain and intermittent transvaginal bleeding for 4 months. She started her condition after interrupting her first-trimester pregnancy in a clinic where she was initially treated with medication and then with a curettage.

Upon examination, a 20-cm uterine fundus was found, and a fetal focus was heard. The ultrasound showed a pregnancy of 19.5 weeks with placenta previa and later in the service of maternal-fetal medicine the diagnosis of placenta accreta was established. In this case, the diagnosis of cervical pregnancy was made by magnetic resonance until week 37 and was resolved by cesarean section, achieving the birth of a live product.

Conclusions: Cervical ectopic pregnancy is rare and difficult to diagnose an entity whose incidence increases. It is possible to perform conservative medical treatments in first trimester pregnancies and some cases may come to term.

Biography

Dr. Jose J. Macias Duvignau is Gyn/Obs specialist.

His practice in addition to the operating room includes being Professor of Anatomy, Embryology, and gynecology and obstetrics in the Medicine School of the Instituto Politécnico Nacional in México city. Is professor for gynecologic endoscopy and advanced gynecological surgery in the IGOYP Hospital.

Publication

1. Galia O. Tulandi T. A pragmatic and evidence based management of ectopic pregnancy. The journal of minimally invasive gynecology. Vol. 20. No. 4 Jul aug-2013.
2. Russel D. Jelsema. Zuidema L. First trimester diagnosed cervico isthmic pregnancy resulting in a term delivery. Obstetrics & gynecology Vol. 80 No.3 PART 2 September 1992.
3. Menahem P. David, Arie Bergman,MD and Liane Delighdish,MD. Cervico isthmic pregnancy carried to term. Obstetrics & gynecology Vol. 6, No 2 August 1980 Case reports.



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