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Conservative management of advanced cervical ectopic pregnancy

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Introduction: Cervical ectopic pregnancy is rare. The incidence varies between 1 in 1000 to 1 in 18000 of pregnancies. Treatment choices may be radical or conservative. When radical, a hysterectomy is usually performed. The conservative approach may be surgical or medical. Surgical approach implies hypo-gastric or uterine artery ligation or embolization, curettage with or without cerclage, or the insertion of a Foley catheter balloon in cervical canal bed to tamponade hemorrhagic bed. Medical treatment may be systemic or local intra-sac injection of MTX, local intra-sac injection of potassium chloride, diluted vasopressin injection deeply, in different points of cervix.

Aim: The main goal of this lecture is to describe a conservative management of cervical ectopic pregnancy even in advanced gestational age.

Methodology: Report of successful management of advanced cervical ectopic pregnancy at 12th week of gestation; using review articles and case reports from literature including; intra amniotic sac and systemic metotrexate injection, diluted vasopressin injection in the location of cervical vessels, insertion of Foley catheter to tamponade of the hemorrhagic cervical bed and finally dilatation & curettage.

Results: Patients should be managed based on gestational age, titer of beta- HCG and personal characteristics. The utilization of various procedures in the treatment could result in preserving the uterus even in advanced cervical ectopic pregnancy.

Conclusions: Early diagnosis and treatment could result in fertility preservation in cervical ectopic pregnancy.