CERVICAL ECTOPIC PREGNANCY

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ABSTRACT

First trimester bleeding is distressing to mother can be serious and it is a medical emergency. Cervical ectopic pregnancy is one of the causes of first trimester bleeding.

AIMS AND OBJECTIVES

The author would like to report and document the second case of cervical ectopic pregnancy and also to suggest the suggestive signs to predict cervical pregnancy pre-operatively.

CASE DETAILS

A 33-year-old gravida 4, para 2, living 2, abortion 1 with previous 2 cesarean sections of 2 months amenorrhea was admitted in state of hypotension. She was profusely bleeding per vaginum for previous 2 days. D and E was attempted. Admission BP was 90/70mmHg, pulse 116/min, thready and patient was sweating profusely. Speculum evaluation revealed profuse bleeding through open os. Cervix was seen very vascular and congested. Pelvic examination revealed parous anteverted uterus with free fornices. Beta hCG test was positive.

A dedicated search on ultrasonography revealed an irregular gestational sac in the endocervical canal with hour glass shaped uterus. Cervical curettage attempted. Uncontrolled bleeding demanded a balloon tamponade. Bleeding could not be stopped. A transabdominal hysterectomy was performed.

Histopathology confirmed cervical pregnancy and the fundus showed arias stella reaction.

Our Index Case had the Following Criterias

1. First trimester uncontrolled bleeding.
 2. A soft enlarged cervix.
 3. Open external cervical os.
 4. Gestational sac situated in the endocervical canal.
 5. Empty uterine cavity.
 6. Hourglass shaped uterus.
 7. Trophoblastic invasion of endocervical tissue.
- All these criterias confirmed our diagnosis of cervical pregnancy.

CONCLUSION

1. Cervical ectopic pregnancy presenting with massive bleeding as pre-operatively suspected on ultrasonography and successfully treated with transabdominal hysterectomy is being reported. This case is unique as it showed suggestive signs on ultrasound and it was confirmed on histopathology and it satisfied Paalman and McElin's criteria as well as Rubin's criteria.

KEYWORDS

Ectopic Pregnancy.

HOW TO CITE THIS ARTICLE: Asuri SS, Padmaja P, Soumya Reddy BV. Cervical ectopic pregnancy. J. Evolution Med. Dent. Sci. 2016;5(7):348-350, DOI: 10.14260/jemds/2016/77

INTRODUCTION

First trimester bleeding is distressing to mother, can be serious and it is a medical emergency. Cervical ectopic pregnancy is one of the causes of first trimester bleeding. The predisposing factors for the first trimester bleeding are chromosomal abnormalities, maternal factors like infections,

thyroid disorders, diabetes mellitus, pregnancy with intrauterine device, immunological factors, inherited thrombophilias and uterine defects. Cervical ectopic pregnancy is rare and has very not so dependable clues of ultrasound and is often an operative surprise and rarely considered.

AIMS AND OBJECTIVES

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CASE DETAILS

A 33-year-old gravida 4, para 2, living 2, abortion 1 with previous 2 cesarean sections of 2 months amenorrhea, was admitted in state of hypotension.

Financial or Other, Competing Interest: None.
Submission 18-06-2015, Peer Review 15-07-2015,
Acceptance 20-07-2015, Published 25-01-2016.
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She was profusely bleeding per vaginum for previous 2 days. D and E was attempted. Admission BP was 90/70mmHg, pulse 116/min, thready and patient was sweating profusely. Speculum evaluation revealed profuse bleeding through open os, cervix was seen very vascular and congested. Pelvic examination revealed parous anteverted uterus with free fornices. Beta hCG test was positive.

Pre-operative sonography showed an ill-defined gestational sac in uterine cavity. No foetal pole was observed in endometrium. A dedicated search on ultrasonography revealed an irregular gestational sac in the endocervical canal with hour glass shaped uterus. Cervical curettage attempted. Uncontrolled bleeding demanded a balloon tamponade. Bleeding could not be stopped. A transabdominal hysterectomy was performed.

Histopathology confirmed cervical pregnancy and the fundus showed arias stella reaction (Arias stella reaction is described as endometrial changes consisting of nuclear and cellular irregularities in the glands. Changes are due to the active chorionic tissue. Nuclei are enlarged and these cells are seen close to the site of implantation. Histological findings are exaggerated secretory changes with simultaneous proliferative activity and enlargement of nucleus as well as cell proper. Glands appear large, pale and vacuolated. These glands have no lumen and are densely arranged) and trophoblastic tissue was seen invading the cervix. First trimester uncontrolled bleeding, an open os, hourglass shaped uterus are suggestive signs of cervical pregnancy. Cervical foetal trophoblastic tissue, arias stella reaction confirmed our diagnosis of cervical pregnancy.

Fig. 1: Hourglass shaped Uterus

Fig. 2: Products of Conception

Fig. 3: Showing Decidualisation

DISCUSSION

Cervical ectopic pregnancy is extremely rare with incidence of 0.15%.¹ Cervical ectopic pregnancy is the implantation of pregnancy in the endocervical canal. It is defined by cervical glands noted histologically opposite the placental attachment site and by part or all of the placenta found below the entrance of the uterine vessels or below the peritoneal reflection of anterior uterus.²

Paalman and McElins Clinical Practical Criteria.³

1. Uterine bleeding without cramping pain following a period of amenorrhea.
2. A soft enlarged cervix equal to or larger than fundus.
3. Products of conception confirmed within and firmly attached to endocervix.
4. A closed internal cervical os.
5. A partially opened external cervical os.

Rubins Criteria.³ (Rubin 1911)

1. Cervical glands must be opposite the placental attachment.
2. Placental attachment to the cervix must be situated below the entrance of uterine vessels or below the peritoneal reflection of anterior and posterior surfaces of uterus.
3. Fetal elements must be absent from the corpus uteri.

Ushakovs Sonographic Criteria.⁴

1. Gestational sac situated in the endocervical canal.
2. Presence of intact cervical tissue between gestational sac and the internal os.
3. Trophoblast invasion of the endocervical tissue.
4. Empty uterine cavity.
5. Endometrial decidualization.
6. Hourglass shaped uterus.

Our Index Case had the Following Criterias

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All these criteria's confirmed our diagnosis of cervical pregnancy.

Index Cases

Few of the reported cases of cervical ectopic pregnancy, most were managed conservatively.

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CONCLUSION

Cervical ectopic pregnancy presenting with massive bleeding as pre-operatively suspected on ultrasonography and

successfully treated with transabdominal hysterectomy is being reported. This case is unique, as it showed suggestive signs on ultrasound and it was confirmed on histopathology and it satisfied Paalman and McElins criteria as well as Rubins criteria.

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