

A Rare Case of Myometrial Ectopic

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Abstract : Objective: Discussion of diagnosis and management options for myometrial ectopic pregnancy Case: A 30 yo G1P0 presented to the emergency department with vaginal bleeding for the last 4 days. She had a positive home urine pregnancy test, confirmed with a serum HCG. When she presented for an ultrasound, there was no intrauterine pregnancy, no evidence of adnexal pregnancy, however, the anterior myometrium of the uterus was noted to be markedly abnormal. When she presented to the emergency department of a busy tertiary hospital in Queensland, she had a small amount of vaginal bleeding, was anxious but well, observations normal. Repeat blood testes demonstrated a serum HCG of 9246 IU/L, haemoglobin of 143g/L. The patient had an interesting history of a right oophorectomy and open myomectomy in another country. A repeat ultrasound again showed an abnormality within the myometrium of the uterus, which was initially reported as concerning for an AVM, or potentially invasive gestational trophoblastic disease. An MRI was organised 2 days later, which demonstrated a intramural/subserosal irregularity in the right lateral body measuring 35x38x42mm with peripheral enhancement and central cystic components, favouring a myometrial ectopic most likely at the site of previous myomectomy. Alternative diagnosis of AVM, GTD were considered less likely. After discussion with the patient, IV methotrexate was administered as an in patient 4 days after her initial presentation to emergency. After this, her HCG fell to 1236 IU/L on day 6 post treatment. Weekly reviews showed stable ultrasound appearances with a steadily dropping HCG level. A repeat MRI was performed 3 weeks after methotrexate administration which confirmed involution of the myometrial ectopic, however, showed ongoing progression of vascularity surrounding the site. Despite resolution of HCG, the patient persisted to have ongoing bleeding associated with this and went to have uterine artery embolisation. Follow up ultrasound showed resolution of abnormal vascularity and negative HCG levels. Conclusion: Myometrial ectopic pregnancies are a rare occurrence and require a multidisciplinary approach to achieve timely management for these patients. This patient was in a very well resourced setting with excellent access to Interventional Radiology and specialist Radiologists who could work together with the Obstetrics, Gynaecology, and Maternal Fetal Medicine team to provide multiple options of management which preserved her fertility. This case has a very good outcome, with the patient being referred back to our service 12 months later with an early intrauterine pregnancy.

Keywords : ectopic, pregnancy, miscarriage, gynaecology

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