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Literature search results

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Search details
Conservative management of ectopic pregnancy – observations and bhCG titres

Resources searched
NHS Evidence; TRIP Database; Cochrane Library; CINAHL; EMBASE; MEDLINE; Google Scholar

Database search terms: ectopic* adj2 (pregnan* OR gestation); extrauterin* adj2 (pregnan* OR gestation); tubal* adj2 (pregnan* OR gestation); abdominal* adj2 (pregnan* OR gestation); ovar* adj2 (pregnan* OR gestation); cervi* adj2 (pregnan* OR gestation); ecyysis; metacysis; exp PREGNANCY, ECTOPIC; conservative* adj0 (manag* OR treat*); conservative* adj0 therap*; bhCG; beta-hCG; beta-human chorionic gonadotrophin; observ*

Google search string: ("ectopic pregnancy" OR "ectopic gestation" OR "extrauterine pregnancy" OR "extrauterine gestation" OR ecyysis OR metacysis OR "tubal pregnancy") (conservativ* OR bhCG OR "beta -hCG")

Summary
There has been a considerable body of research published over the last ten years on the conservative management of ectopic pregnancy. I have included papers on conservative management or observation or bhCG. If you just want to look at those papers that include observation and bhCG titres as aspects of conservative management then please see studies: 5, 6, 11, 13, 15, 16, 17, 20, 23, 24, 30, 31, 32, 33, 36, 37, 38, 41, 42, 43, 44, 46, 47, 52, 56, 59, 63, 64, 67, 75, 78, 80, 91, 96, 98, 99, 103, 107, 108, 115, 120, 121, 122, 124, 125, 126, 127, 128, 129, 132, 133, 135, 137, 139, 140, 141, 156, 161, 162, 163, 164, 167, 173, 174, 176, 177, 178, 179, 180, 182, 190, 193, 194, 196 and 197. There may also be some Google Scholar results of interest.

Guidelines
Map of Medicine
Ectopic pregnancy - empty uterus (beta hCG < 1500 IU/L) 2011
Ectopic pregnancy - management 2011
Ectopic pregnancy - medical management 2011
You will need to register for access, and then log in with your registered email address and password.

Royal College of Obstetricians and Gynaecologists
The management of early pregnancy loss 2006
These could, of course, include some cases of 'incomplete miscarriage' but are best managed conservatively as there is a trend towards a lower complication rate compared with surgical management (3.0 versus 5.8%, P = 0.06).
The management of tubal pregnancy 2004
1. The use of conservative surgical techniques exposes women to a small risk of tubal bleeding in the immediate postoperative period and the potential need for further treatment for persistent trophoblast.
2. In the presence of contralateral tubal disease the use of more conservative surgery is appropriate. Women must be made aware of the risk of a further ectopic pregnancy.

Evidence-based reviews
BestBETs
Serum or Urine beta-hCG in Ectopic Pregnancy? 2005
Urine hCG is around 96% sensitive for ectopic pregnancies. Serum hCG is close to 100% sensitive for ectopic pregnancies. Urine hCG assays are continuing to improve but as ectopic pregnancy is potentially life threatening gynaecological problem and a better alternative is readily available - 96% becomes inadequate. With the availability of timely and cost-effective serum sampling - this is now the gold standard.

Birmingham Women’s Hospital CATs
What is the reproductive outcome in patients treated with methotrexate or laparoscopic salpingotomy for the management of ectopic pregnancy? 2008
In patients with ectopic pregnancy suitable for methotrexate both salpingotomy and methotrexate are reasonable options.

Clinical Immediate Reference
Ectopic Pregnancy 2011
Expectant management in hospital is an option for a woman who is clinically stable with a diagnosed ectopic pregnancy and hCG level that is below 1000 and falling.

Cochrane Central Register of Controlled Trials
Management of ectopic pregnancy: A two-year study 2006
In the institutional setting ectopic pregnancy accounted for 1% of total deliveries. More than half of all women with ectopic pregnancy presented with acute abdomen and required emergency laparotomy. About 40% women could be managed with non-surgical modalities with 80% success for methotrexate injection and 71% for conservative treatment in the present study.
Laparoscopic salpingotomy for tubal pregnancy: comparison of linear salpingotomy with
and without suturing 2004

We recommend laparoscopic linear salpingotomy as a useful method in the management of cases with tubal pregnancy who desire future pregnancy. This preliminary study emphasizes that the procedure involving suturing has no additional benefit over the non-suturing technique during salpingotomy.

NHS Economic Evaluation Database

Is conservative surgery for tubal pregnancy preferable to salpingectomy? An economic analysis 2002

Salpingectomy is the treatment of choice in women not desiring future pregnancy. Salpingectomy seems less effective than conservative surgery when future pregnancy is desired, but is less costly. Conservative surgery seems more cost-effective than salpingectomy with additional IVF-ET.

Published research

1. Caesarean scar pregnancy: Comparative efficacy and safety of treatment by uterine artery chemoembolization and systemic methotrexate injection

Author(s): Wu X., Zhang X., Zhu J., Di W.

Citation: European Journal of Obstetrics Gynecology and Reproductive Biology, March 2012, vol./is. 161/1(75-79), 0301-2115;1872-7654 (March 2012)

Publication Date: March 2012

Abstract: Objectives: The aim of this study was to investigate the efficacy and safety of uterine artery embolization (UAE) combined with intra-arterial methotrexate (MTX) infusion for the treatment of caesarean scar pregnancy (CSP), compared with systemic MTX injection combined with uterine curettage. Study design: A retrospective cohort study. An analysis of CSP patients was performed using records from the Department of Obstetrics and Gynecology in Renji Hospital for the period between January 1, 2000 and December 30, 2010. Twenty-two patients received UAE combined with intra-arterial MTX infusion and in this group 16 patients received uterine curettage after UAE, whereas 25 patients received intramuscular MTX injection and subsequent uterine curettage. The clinical information on these patients and clinical outcomes were reviewed. Results: All patients in the UAE group were treated successfully and 2 patients in the non-UAE group had to undergo hysterectomy or uterine repair. No patients in the UAE group had recurrent vaginal bleeding of more than 100 ml/day after treatment, while 8 patients in the non-UAE group did, and this difference was significant. The blood loss during uterine curettage in the UAE group was much less than in non-UAE group. The serum beta-hCG level in the UAE group recovered more quickly than in the non-UAE group, and hospital stay was significantly shorter in the UAE group. Conclusions: UAE combined with intraarterial MTX infusion turned out to be an effective and safe treatment for CSP. 2011 Elsevier Ireland Ltd.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

2. Transvaginal ultrasound-guided embryo aspiration plus local administration of low-dose methotrexate for caesarean scar pregnancy

Author(s): Li N., Zhu F., Fu S., Shi X.

Citation: Ultrasound in Medicine and Biology, February 2012, vol./is. 38/2(209-213), 0301-5629;1879-291X (February 2012)
**Publication Date:** February 2012

**Abstract:** This study evaluated the effect of transvaginal ultrasound-guided embryo aspiration plus local administration of low-dose methotrexate (MTX) on caesarean scar pregnancy (CSP). Sixty-eight cases of CSP were randomly grouped for (1) systemic administration of MTX plus curettage with hysteroscopy (control group); and (2) transvaginal ultrasound-guided embryo aspiration plus local administration of low-dose MTX (experimental group). Serum beta-HCG and transaminase levels, length of hospital stay, occurrence of hypoleukocytosis, vaginal bleeding and genital infection were analyzed. No statistical differences in the duration needed for beta-HCG normalization, genital infection and length of hospital stay were observed between the two groups. However, the occurrence of massive vaginal bleeding, hypoleukocytosis and elevated transaminase levels were significantly lower in patients who received transvaginal ultrasound-guided embryo aspiration plus local administration of low-dose MTX compared with patients in the control group. Our study suggested that transvaginal ultrasound-guided embryo aspiration plus local administration of low-dose MTX should be recommended as a safe and effective treatment of caesarean scar pregnancy. 2012 World Federation for Ultrasound in Medicine & Biology.

**Source:** EMBASE

**Full Text:**
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

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3. **Comparison of double- and single-dose methotrexate protocols for treatment of ectopic pregnancy**

**Author(s):** Hamed H.O., Ahmed S.R., Alghasham A.A.

**Citation:** International Journal of Gynecology and Obstetrics, January 2012, vol./is. 116/1(67-71), 0020-7292;1879-3479 (January 2012)

**Publication Date:** January 2012

**Abstract:** Objective: To compare efficacy between double-dose methotrexate and single-dose methotrexate for treatment of tubal ectopic pregnancy (EP). Methods: Between March 2008 and February 2011, 157 patients who had tubal EP diagnosed by a non-laparoscopic approach and were hemodynamically stable were enrolled in a prospective study in Qassim, Saudi Arabia. The participants were randomized to receive either double-dose (50 mg/m² intramuscularly on days 0 and 4; group 1) or single-dose (50 mg/m² intramuscularly on day 0; group 2) methotrexate. Serum human chorionic gonadotropin (beta-hCG) levels were followed until negative. Results: The overall success rate was comparable between groups 1 and 2 (88.6% versus 82.0%, P = 0.1). The duration of follow up until negative beta-hCG was shorter in group 1 (P = 0.001). Receiver operative characteristics showed that higher cut-off levels of beta-hCG and gestational mass diameter were associated with successful outcome in group 1. Among participants with initial beta-hCG of 3600-5500 mIU/mL, the success rate was higher in group 1 (P = 0.03). There was no significant difference between groups in adverse effects. Conclusion: For treatment of EP, double-dose methotrexate had efficacy and safety comparable to that of single-dose methotrexate; it had better success among patients with moderately high beta-hCG and led to a shorter follow up. 2011 International Federation of Gynecology and Obstetrics. Published by Elsevier Ireland Ltd. All rights reserved.

**Source:** EMBASE

**Full Text:**
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4. **Conservative management of nontubal ectopic pregnancies.**

**Author(s):** Verma U, English D, Brookfield K
OBJECTIVE: To report successful conservative management of nontubal ectopic pregnancies.

DESIGN: Retrospective case series.

SETTING: University tertiary-care hospital.

PATIENT(S): Sixty-four women with diagnosis of nontubal ectopic pregnancies (cervical, cornual, and cesarean section scar) were treated with minimally invasive procedures.

INTERVENTION(S): Systemic methotrexate alone or combined with ultrasound-guided fetal intracardiac injection of potassium chloride.

MAIN OUTCOME MEASURE(S): Success of the treatment, preservation of the uterus, rate of serious complications, and the need for additional interventions.

RESULT(S): Conservative treatment was successful in 63 patients with nontubal ectopic pregnancies. One patient had rupture of cornual pregnancy and underwent cornual resection. None of the patients in this case series required hysterectomy. This series included four patients with heterotopic pregnancies, three of whom continued intrauterine pregnancy to term gestation after conservative treatment. Seven patients experienced minimal morbidity that was treated with additional nonsurgical interventions.

CONCLUSION(S): Conservative management and fertility preservation is feasible in most nontubal ectopic pregnancies. Copyright 2011 American Society for Reproductive Medicine. Published by Elsevier Inc. All rights reserved.

Source: MEDLINE

Full Text:

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5. A preliminary clinical study on high-intensity focused ultrasound therapy for tubal pregnancy

Author(s): He G.-B., Luo W., Zhou X.-D., Liu L.-W., Yu M., Ma X.-D.

Citation: Scottish Medical Journal, November 2011, vol./is. 56/4(214-219), 0036-9330 (November 2011)

Publication Date: November 2011

Abstract: Our aim was to explore the clinical application value of high-intensity focused ultrasound (HIFU) therapy for tubal pregnancy. Forty hospitalized patients with tubal pregnancies (28 cases of non-ruptured tubal pregnancy and 12 cases of ruptured tubal pregnancy) were selected to receive HIFU therapy. Serum human chorionic gonadotropin (beta-HCG) concentrations were compared before and after treatment. Serum beta-HCG was measured weekly and patients received observation only if the concentration decreased by 15% or more, compared with the previous value. Patients were given supplement HIFU therapy if the decrease in the serum beta-HCG was < 15% within two weeks. Ultrasound was used to detect the volume changes in the ectopic lesions before and after treatment, and changes in vital signs and complications were recorded. Contrast-enhanced ultrasonography was used to assess fallopian tube patency after treatment. HIFU treatment was successful in 33 of the 40 patients (82%). Seven patients failed HIFU treatment and received surgical therapy (18%). Before and after treatment, serum beta-HCG concentrations and lesion volume were significantly different (P < 0.05, P < 0.01, respectively). Posttreatment tubal contrast-enhanced ultrasonography showed tubal patency on the affected side in 21 cases (64%) at six months and in 27 cases (82%) at 12 months. In conclusion, HIFU is safe and effective, and can be a treatment option for tubal pregnancy.

Source: EMBASE

Full Text:

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6. A cohort study to evaluate the effectiveness of laparoscopic-guided local injection of etoposide in the management of women with unruptured tubal pregnancy


**Citation:** Fertility and Sterility, September 2011, vol./is. 96/3(654-658), 0015-0282;1556-5653 (September 2011)

**Publication Date:** September 2011

**Abstract:** Objective: To assess the feasibility of laparoscopic-guided local injection of etoposide or methotrexate (MTX) in the management of unruptured tubal pregnancy and compare the effectiveness of the two regimens. Design: Retrospective cohort study. Setting: Medical center. Patient(s): Thirty-one women with laparoscopically diagnosed unruptured tubal pregnancy. Intervention(s): A regimen of etoposide 50 mg via laparoscopic-guided local injection (n = 17) compared with a conventional MTX 50 mg regimen (n = 11), after 3 patients were excluded (2 refusals and 1 with salpingostomy). Main Outcome Measure(s): Serial serum beta-hCG levels and the success rate in both groups. Result(s): General characteristics of the patients were similar in both groups. The overall success rate was 96.4% (27 of 28). The duration between treatment and nadir of serum beta-hCG level (<5 mIU/mL) was significantly shorter in the etoposide group than in the MTX group (19.7 +/- 13.0 days vs. 33.4 +/- 8.1 days). No patient in the etoposide group and only 1 in the MTX group needed reintervention, which led to 100% and 91% success rates for the etoposide and MTX groups, respectively. Three women in the etoposide group had subsequently successful term deliveries. Conclusion(s): Both regimens - etoposide 50 mg and MTX 50 mg via laparoscopic-guided local injection - were acceptable in the management of women with unruptured tubal pregnancy because of their similar and high success rates. More studies are needed to confirm this observation. Copyright 2011 American Society for Reproductive Medicine, Published by Elsevier Inc.

**Source:** EMBASE

**Full Text:**

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7. A cohort study to evaluate the effectiveness of laparoscopic-guided local injection of etoposide in the management of women with unruptured tubal pregnancy.

**Author(s):** Chen CH, Lee WL, Chiu LH, Sun HD, Liu WM, Wang PH

**Citation:** Fertility & Sterility, September 2011, vol./is. 96/3(654-8), 0015-0282;1556-5653 (2011 Sep)

**Publication Date:** September 2011

**Abstract:** OBJECTIVE: To assess the feasibility of laparoscopic-guided local injection of etoposide or methotrexate (MTX) in the management of unruptured tubal pregnancy and compare the effectiveness of the two regimens. DESIGN: Retrospective cohort study. SETTING: Medical center. PATIENT(S): Thirty-one women with laparoscopically diagnosed unruptured tubal pregnancy. INTERVENTION(S): A regimen of etoposide 50 mg via laparoscopic-guided local injection (n = 17) compared with a conventional MTX 50 mg regimen (n = 11), after 3 patients were excluded (2 refusals and 1 with salpingostomy). MAIN OUTCOME MEASURE(S): Serial serum beta-hCG levels and the success rate in both groups. RESULT(S): General characteristics of the patients were similar in both groups. The overall success rate was 96.4% (27 of 28). The duration between treatment and nadir of serum beta-hCG level (<5 mIU/mL) was significantly shorter in the etoposide group than in the MTX group (19.7 +/- 13.0 days vs. 33.4 +/- 8.1 days). No patient in the etoposide group and only 1 in the MTX group needed reintervention, which led to 100% and 91% success rates for the etoposide and MTX groups, respectively. Three women in the etoposide group had subsequently successful term deliveries. CONCLUSION(S): Both regimens - etoposide 50 mg and MTX 50 mg via laparoscopic-guided local injection - were acceptable in the management of women with...
unruptured tubal pregnancy because of their similar and high success rates. More studies are needed to confirm this observation. Copyright Copyright 2011 American Society for Reproductive Medicine. Published by Elsevier Inc. All rights reserved.

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8. An alternative treatment option in tubal ectopic pregnancies with fetal heartbeat: Aspiration of the embryo followed by single-dose methotrexate administration

Author(s): Epni S., Guralp O., Ocal P., Salahov R., Gurleyen H., Dil M.

Citation: Fertility and Sterility, July 2011, vol./is. 96/1(79-83), 0015-0282;1556-5653 (July 2011)

Publication Date: July 2011

Abstract: Objective: To present 13 cases of unruptured tubal ectopic pregnancies successfully treated with ultrasound-guided aspiration and local and systemic methotrexate (MTX) administration. Design: Case series. Setting: University hospital. Patient(s): Thirteen women with an unruptured tubal ectopic pregnancy. Intervention(s): Transvaginal ultrasound-guided aspiration of the tubal ectopic pregnancy followed by MTX administration into the gestational sac (half of the calculated total dose of 25 mg/m²) and intramuscular injection (the remaining half of the calculated total dose of 25 mg/m²). Main Outcome Measure(s): Recovery of the patients, successful conservative treatment of the tubal ectopic pregnancies with preservation of the fallopian tubes. Result(s): Twelve (92%) of 13 women were successfully aborted, without need for salpingectomy or salpingostomy. Conclusion(s): Transvaginal ultrasound-guided aspiration of fetus followed by local and systemic methotrexate administration can be safely used to treat unruptured tubal ectopic pregnancies. 2011 by American Society for Reproductive Medicine.

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9. An alternative treatment option in tubal ectopic pregnancies with fetal heartbeat: aspiration of the embryo followed by single-dose methotrexate administration.

Author(s): Cepni I, Guralp O, Ocal P, Salahov R, Gurleyen H, Idil M

Citation: Fertility & Sterility, July 2011, vol./is. 96/1(79-83), 0015-0282;1556-5653 (2011 Jul)

Publication Date: July 2011

Abstract: OBJECTIVE: To present 13 cases of unruptured tubal ectopic pregnancies successfully treated with ultrasound-guided aspiration and local and systemic methotrexate (MTX) administration.DESIGN: Case series.SETTING: University hospital.PATIENT(S): Thirteen women with an unruptured tubal ectopic pregnancy.INTERVENTION(S): Transvaginal ultrasound-guided aspiration of the tubal ectopic pregnancy followed by MTX administration into the gestational sac (half of the calculated total dose of 25 mg/m²) and intramuscular injection (the remaining half of the calculated total dose of 25 mg/m²).MAIN OUTCOME MEASURE(S): Recovery of the patients, successful conservative treatment of the tubal ectopic pregnancies with preservation of the fallopian tubes.RESULT(S): Twelve (92%) of 13 women were successfully aborted, without need for salpingectomy or salpingostomy.CONCLUSION(S): Transvaginal ultrasound-guided aspiration of fetus followed by local and systemic methotrexate administration can be safely used to treat
10. Unruptured 32-week rudimentary horn pregnancy presenting as right upper quadrant pain.

Author(s): Cuppett CD, Stitely ML, Toffle RC

Citation: West Virginia Medical Journal, July 2011, vol./is. 107/4(8-10), 0043-3284;0043-3284 (2011 Jul-Aug)

Publication Date: July 2011

Abstract: BACKGROUND: An unruptured third trimester rudimentary horn pregnancy is rare, life threatening, and can go undetected until the onset of symptoms. Given the high risk of uterine rupture, conservative management after viability is controversial. CASE: A 21 year-old with a 32-week rudimentary horn pregnancy, diagnosed via exploratory laparotomy five days earlier, presented with acute right upper quadrant pain. The patient underwent cesarean delivery. The rudimentary horn was noted to be intact, but so thin it was transparent. CONCLUSION: Advanced ectopic pregnancy or rudimentary horn pregnancy should be considered in cases of unusual or undiagnosed abdominal pain in pregnancy. When surgical exploration is performed, an incision allowing optimal visualization and exposure is recommended.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

11. Methotrexate therapy followed by suction curettage followed by Foley tamponade for caesarean scar pregnancy.

Author(s): Jiang T, Liu G, Huang L, Ma H, Zhang S

Citation: European Journal of Obstetrics, Gynecology, & Reproductive Biology, June 2011, vol./is. 156/2(209-11), 0301-2115;1872-7654 (2011 Jun)

Publication Date: June 2011

Abstract: OBJECTIVES: Caesarean scar pregnancy (CSP) is a very rare and dangerous form of pregnancy because of the increased risk of rupture and excessive hemorrhage. There is currently no consensus on the treatment. We studied if methotrexate (MTX) therapy followed by suction curettage followed by Foley tamponade was a viable treatment for patients with CSP. STUDY DESIGN: Forty-five patients with CSP in our hospital received a single dose of 50mg/m(2) MTX by intramuscular injection. If gestational cardiac activity was seen on transvaginal ultrasound, local injection of MTX was given. After 7 days, suction curettage was performed to remove the retained products of conception and blood clot (CSP mass) under transabdominal sonography (TAS) guidance. After the suction curettage, a Foley catheter balloon was placed into the isthmic portion of cervix. RESULTS: Forty-two subjects were successfully treated and 3 subjects failed treatment. The mean estimated blood loss of all 45 patients was 706.89 +/- 642.08 (100-3000)ml. The resolution time of the serum beta-hCG was 20.62 +/- 5.41 (9-33) days. The time to CSP mass disappearance was 12.57 +/- 4.37 (8-25) days. CONCLUSIONS: MTX administration followed by suction curettage followed by Foley tamponade was an effective treatment for caesarean scar pregnancy. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.
12. **Successful conservative management of cervical ectopic pregnancy: a case series.**

**Author(s):** Taylor JE, Yalcinkaya TM, Akar ME  
**Citation:** Archives of Gynecology & Obstetrics, June 2011, vol./is. 283/6(1215-7), 0932-0067;1432-0711 (2011 Jun)  
**Publication Date:** June 2011  
**Abstract:** OBJECTIVE: To report our experience of conservative treatment in four patients with cervical ectopic pregnancy. DESIGN: Case series. SETTING: Academic medical center. PATIENTS: Four women diagnosed with cervical ectopic pregnancy managed conservatively. INTERVENTION(S): Systemic methotrexate alone or combined with subsequent uterine artery embolization (UAE). MAIN OUTCOME MEASURES: Conservative management with decreased rate of serious complications. RESULTS: No hysterectomies were needed. One patient required subsequent intervention, UAE. CONCLUSION: Conservative treatment of cervical pregnancy might be successful with careful follow up and subsequent conservative interventions.

Source: MEDLINE  
Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

13. **Comparison of single-dose and two-dose methotrexate protocols for the treatment of unruptured ectopic pregnancy.**

**Author(s):** Gungorduk K, Asicioglu O, Yildirim G, Gungorduk OC, Besimoglu B, Ark C  
**Citation:** Journal of Obstetrics & Gynaecology, May 2011, vol./is. 31/4(330-4), 0144-3615;1364-6893 (2011 May)  
**Publication Date:** May 2011  
**Abstract:** Summary The purpose of this study was to compare the safety and success rates of single- and two-dose methotrexate (MTX) protocols for the treatment of unruptured tubal ectopic pregnancy. This retrospective study included 87 patients with ectopic pregnancy who were treated with MTX therapy (single-dose protocol: 46 patients; two-dose protocol: 41 patients). Both protocol groups were compared with regard to success rates, beta-hCG and progesterone levels, the presence of cardiac activity, a history of previous ectopic pregnancy, ectopic mass size, gestational age, adverse events, and number of repeat MTX doses. Success rates between the single-dose and two-dose methotrexate therapy groups were comparable (87% vs 90.2%; OR 0.7, 95% CI 0.18-2.75; p = 0.74). No significant differences were found between the groups in factors influencing MTX treatment success rate, including the mean beta-hCG level, mean progesterone level, the presence of a positive cardiac activity, mean ectopic mass size, mean endometrial thickness, and the presence of a yolk sac. There were also no significant between-group difference were found in the percentage of women who needed a repeat dose of MTX (17.3% vs 7.3%; OR 0.3, 95% CI 0.09-1.52; p = 0.20) and in the percentage of adverse events (45.7% vs 58.7%; OR 1.6, 95% CI 0.71-3.93; p = 0.28). In conclusion, medical treatment with single-dose or with two-dose systemic MTX seem to be equal therapeutic options for patients with unruptured ectopic pregnancy.

Source: MEDLINE  
Full Text:

Author(s): Bianchi P, Salvatori MM, Torcia F, Cozza G, Mossa B

Citation: Fertility & Sterility, May 2011, vol./is. 95/6(2123.e3-4), 0015-0282;1556-5653 (2011 May)

Publication Date: May 2011

Abstract: OBJECTIVE: To present a case of successful management of a heavily bleeding cervical ectopic pregnancy with ultrasound-guided termination procedure of evacuation.DESIGN: Case report.SETTING: University hospital.PATIENT(S): A 34-year-old woman, secundigravida with one previous full-term natural childbirth and history of one spontaneous abortion, with a cervical pregnancy.INTERVENTION(S): Prophylactic suture ligation of the cervicovaginal branches of the uterine artery, with absorbable sutures at the 3 and 9 o'clock positions of the cervix. Evacuation, with dilatation and curettage, under transabdominal ultrasound guidance was performed. Control of hemorrhage by placing a running-lock absorbable suture around the entire edge of the cervix followed by cervical packing with iodoform gauze medicated with anticoagulant drugs.MAIN OUTCOME MEASURE(S): Recovery of the patient, successful conservative treatment of the cervical ectopic pregnancy, with preservation of the uterus.RESULT(S): The cervical ectopic pregnancy was successfully evacuated, and the reproductive capability of the patient was preserved.CONCLUSION(S): Ultrasound-guided evacuation with prophylactic closure of the cervical branches of the uterine artery and application of a running-lock suture around the cervix can be used in case of heavily bleeding cervical ectopic pregnancy. Copyright 2011 American Society for Reproductive Medicine. Published by Elsevier Inc. All rights reserved.

Source: MEDLINE

Full Text:

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Author(s): Zakaria MA, Abdallah ME, Shavell VI, Berman JM, Diamond MP, Kmak DC

Citation: Fertility & Sterility, March 2011, vol./is. 95/3(872-6), 0015-0282;1556-5653 (2011 Mar 1)

Publication Date: March 2011

Abstract: OBJECTIVE: To evaluate the use of uterine artery embolization (UAE) in conjunction with methotrexate in the conservative treatment of cervical ectopic pregnancy (CEP).DESIGN: Case series.SETTING: Tertiary-care university hospital.PATIENT(S): Cases of CEP treated at Hutzel Women's Hospital between January 1997 and December 2008.INTERVENTION(S): Multidose methotrexate treatment with or without UAE and intra-amniotic potassium chloride injection (KCl).MAIN OUTCOME MEASURE(S): Beta-human chorionic gonadotropin level, vaginal bleeding, length of hospital stay, and future fecundity.RESULT(S): A retrospective analysis of 15 patients with CEP treated conservatively using methotrexate with leucovorin rescue (MTx/Leu) alone (group 1, five cases), with UAE as an adjunctive therapy (group 2, six cases), or also having received intra-amniotic KCl before UAE (group 3, four cases) is reported. There was no significant difference in age, parity, or gestational age among treatment groups. The median beta-hCG level on presentation was 9,606 mIU/mL for group 1, 26,516 mIU/mL for group 2, and 130,464 mIU/mL for group 3. The difference was found to be statistically significant. No patients developed complications from UAE. Of the 10 patients who underwent UAE, 2 subsequently had confirmed viable pregnancies.CONCLUSION(S): Uterine artery embolization with methotrexate is an option for minimally invasive intervention in the
16. Unilateral tubal twin ectopic pregnancy treated with single-dose methotrexate

**Author(s):** Arikan DC, Kiran G, Coskun A, Kostu B

**Citation:** Archives of Gynecology & Obstetrics, February 2011, vol./is. 283/2(397-9), 0932-0067;1432-0711 (2011 Feb)

**Publication Date:** February 2011

**Abstract:** BACKGROUND: Spontaneous tubal twin pregnancy is a rare condition with an incidence of 1 in every 125,000 pregnancies. We present the case of a unilateral tubal twin ectopic pregnancy treated with single-dose methotrexate. CASE: A 26-year-old nulliparous woman was admitted to our clinic with a complaint of vaginal bleeding and left-side pelvic pain. Her serum beta-human chorionic gonadotropin (beta-hCG) level was 18,780 mIU/mL and ultrasound revealed tubal twin pregnancy of 7 weeks' gestation. Because her vital signs were stable and no sign of tubal rupture was present, we performed single-dose (100 mg) methotrexate intramuscularly. In the follow-up, serum beta-hCG levels were found to be 7,600 mIU/ml on day 7, 948 mIU/ml on day 20, 126 mIU/ml on day 26 and <10 mIU/ml on day 42. CONCLUSION: Methotrexate therapy may be preferred in tubal twin ectopic pregnancies when the vital signs of the patient are stable and the fetal cardiac activities are negative.

**Source:** MEDLINE

**Full Text:** Available in fulltext at **MEDLINE**

**Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.**

17. Therapeutic effect of pelvic methotrexate injection via the posterior fornix for treatment of tubal pregnancy

**Author(s):** Yang XL, Cao YP, Liu ZH

**Citation:** Nan Fang Yi Ke Da Xue Xue Bao = Journal of Southern Medical University, February 2011, vol./is. 31/2(377-9), 1673-4254;1673-4254 (2011 Feb)

**Publication Date:** February 2011

**Abstract:** OBJECTIVE: To evaluate the therapeutic effect and safety of pelvic methotrexate (MTX) injection via the posterior fornix for treatment of tubal pregnancy. METHODS: Ninety-six patients with tubal pregnancy (mean age 21-40 years) were randomized into 3 groups for treatment with pelvic MTX injection via the posterior fornix+mifepristone+traditional Chinese medicine (experiment group), intramuscular MTX injection+mifepristone+traditional Chinese medicine (control group I), or mifepristone+traditional Chinese medicine (control group II). On days 4 and 7 of the treatment, blood beta-HCG of the patients in different groups was detected, and in cases with continuous reduction of blood beta-HCG or a reduction by over 15%, beta-HCG was checked every week. One week after the treatment, the size of the mass was measured by B-mode ultrasound. The clearance time of beta-HCG and the hospital stay of the patients were recorded. RESULTS: Twenty-nine patients in the experimental group were treated successfully, with a cure rate of 90.6%, which was significantly higher than those in the two control groups (P<0.05). The clearance time of beta-HCG and hospital stay were also much shorter in the experimental group (P<0.05). CONCLUSION: Pelvic MTX injection via the posterior fornix is a convenient procedure associated with minimal complications and
serves as a good alternative for treatment of tubal pregnancy.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

18. Successful conservative management with methotrexate and mifepristone of cervical pregnancy

Author(s): Shrestha E., Yang Y., Li X., Zhang Y.

Citation: Journal of Biomedical Research, January 2011, vol./is. 25/1(71-73), 1674-8301 (January 2011)

Publication Date: January 2011

Abstract: This study investigated possible effective treatments for cervical pregnancy, a rare form of ectopic pregnancy. The clinical records of 11 cases of ectopic pregnancy admitted to the Third Affiliated Hospital of Sun Yat-sen University from 1998 to 2010 were analyzed. All patients were treated with intermuscular injection of methotrexate (MTX, 50 mg), and oral mifepristone (25 mg, bid). All cases were successfully cured by conservative treatments using methotrexate plus mifepristone. Cervical pregnancy is a contributive factor to multiple abortions and curettages. Methotrexate plus mifepristone, curettage through hysteroscopy and intracervical obturation with gauze are effective treatments of cervical pregnancy without the need for surgical intervention. 2011 The Editorial Board of Journal of Biomedical Research.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Marincolo F., Pranteda G., Gesmundo G., Scorpiniti P.

Citation: Italian Journal of Gynaecology and Obstetrics, 2011, vol./is. 23/1(43-47), 1121-8339 (2011)

Publication Date: 2011

Abstract: The Authors report a rare case of cervical pregnancy in a patient undergoing ICSI with embryotransfer (ET) for bilateral tubal infertility. They point out that the ultrasound diagnosis of the disease has led to an early conservative management without the support of the chemotherapy with methotrexate. They conclude by stating as the diagnostic protocols, especially in the presence of risk patients with amenorrhea and metrorrhagia after pregnancy, should include ultrasonographic evaluation of the cervix, as the early diagnosis is essential for a conservative approach. 2011, CIC Edizioni Internazionali, Roma.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Author(s): Aybatl A., Kaplan P.B., Alicik M., Sayin N.C., Yuce M.A.

Citation: Balkan Medical Journal, 2011, vol./is. 28/1(10-13), 2146-3123;2146-3131 (2011)

Publication Date: 2011

Abstract: Objective: To evaluate the efficacy of single dose intramuscular methotrexate in the treatment of ectopic pregnancy. Material and Methods: 32 patients who matched the inclusion criteria were enrolled. Success of treatment was defined as a resolution of ectopic pregnancy without performing surgical intervention. The cases in whom the treatment was successful and those that were not were compared for beta-hCG values and clinical features. Results: beta-hCG at diagnosis averaged 1293.9 mIU/ml. Of the 32 patients who received methotrexate, 26 were successfully treated. 23 patients (71.8%) received a single dose of methotrexate, 3 patients (9.3%) received an additional dose of methotrexate, 6 patients (18.7%) who had failed methotrexate required surgery for cure. The success rate of single-dose methotrexate was 79.3%. Conclusion: Our study shows that single dose systemic methotrexate treatment can be used as an option in unruptured pregnancies. Trakya University Faculty of Medicine.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Hackethal A, Ionesi-Pasacica J, Kreis D, Litzlbauer D, Tinneberg HR, Oehmke F

Citation: Minimally Invasive Therapy & Allied Technologies: Mitat, January 2011, vol./is. 20/1(46-9), 1364-5706;1365-2931 (2011 Jan)

Publication Date: January 2011

Abstract: Acute haemoperitoneum in patients with coagulation disorders or those under anticoagulation therapy is a diagnostic and therapeutic dilemma. Since radiological imaging is often insufficient for establishing the origin of the bleeding, a laparoscopic approach can be considered before a laparotomy is performed in haemodynamically unstable patients. A 32-year-old woman receiving coumadin therapy presented with acute lower abdominal complaints. Due to suspicion of a tubo-ovarian abscess after the initial ultrasound, a conservative treatment was administered. A routine blood count after 12 hours showed a significant reduction in haemoglobin. During the CT scan, the patient developed unstable haemodynamics. Based on deteriorating coagulation parameters, mass transfusion and stabilization of the coagulation were performed but were not successful. Therefore an interventional laparoscopy was performed and a ruptured ovarian cyst was found to be the cause of bleeding. A ruptured ovarian cyst might be the cause of an acute abdomen and haemoperitoneum in young women. Therefore cyclical anamnesis and the exclusion of other obvious reasons for acute mass bleeding, i.e. ectopic pregnancy, can justify the laparoscopic approach after stabilization of the coagulation parameters. Long-term combined oral contraceptive therapy is indispensable for the prevention of these sorts of bleeding complications.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost.
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Author(s): Wang Y, Xu B, Dai S, Zhang Y, Duan Y, Sun C

Citation: American Journal of Obstetrics & Gynecology, January 2011, vol./is. 204/1(31.e1-7), 0002-9378;1097-6868 (2011 Jan)

Publication Date: January 2011

Abstract: OBJECTIVE: We sought to evaluate a conservative treatment modality, angiographic uterine artery embolization (UAE) followed by immediate curettage, in the treatment of cervical pregnancy. STUDY DESIGN: Sixteen patients with cervical pregnancy were first treated by UAE to control or prevent vaginal bleeding. Curettage of cervical canal was performed immediately after UAE to remove gestational tissue from the cervix. Clinical outcome assessments include vaginal bleeding, serum beta-human chorionic gonadotropin level, cervical mass, menstruation, fertility, and hospitalization time. RESULTS: Fifteen patients were successfully treated by UAE followed by immediate curettage. One patient at very early gestational age underwent UAE only. Quick regression of serum human chorionic gonadotropin level and cervical mass, fertility preservation, and a short hospital stay were observed. CONCLUSION: UAE followed by immediate curettage is an efficient conservative treatment for cervical pregnancy. This procedure may become a useful alternative to other conservative approaches. Copyright © 2011 Mosby, Inc. All rights reserved.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

23. Vascular endothelial growth factor and beta-human chorionic gonadotropin are associated with trophoblastic invasion into the tubal wall in ectopic pregnancy

Author(s): Cabar F.R., Pereira P.P., Schultz R., Francisco R.P., Zugaib M.

Citation: Fertility and Sterility, October 2010, vol./is. 94/5(1595-1600), 0015-0282 (October 2010)

Publication Date: October 2010

Abstract: Objective: To assess the association between the depth of trophoblastic penetration into the tubal wall with serum concentrations of vascular endothelial growth factor (VEGF) and beta-hCG and to assess its predictive value. Design: Prospective study. Setting: Tertiary care university hospital. Patient(s): Thirty patients with ampullary pregnancy undergoing salpingectomy were analyzed. Intervention(s): Trophoblastic invasion was histologically classified as stage I when limited to the tubal mucosa, stage II when extending to the muscle layer, and stage III in the case of complete tubal wall infiltration. Main Outcome Measure(s): The relation between depth of trophoblastic infiltration into the tubal wall with VEGF and beta-hCG serum concentrations on the day of surgery. Result(s): An association between the depth of trophoblastic invasion and maternal serum concentrations of VEGF and beta-hCG was observed. VEGF levels of 297.2 pg/mL showed 100.0% sensitivity and 90.0% specificity for stage I, and levels of 440.1 pg/mL showed 81.8% sensitivity and 88.8% specificity for stage III. Beta-hCG levels of 2590.0 mIU/mL showed 88.9% sensitivity and 80.0% specificity for stage I, and levels of 10,827.0 mUI/mL showed 72.7% sensitivity and 88.9% specificity for stage III. Conclusion(s): Maternal serum VEGF and beta-hCG concentrations are associated with depth of trophoblastic penetration into the tubal wall. Copyright 2010 American Society for Reproductive Medicine, Published by Elsevier Inc.

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
24. [Diagnosis and treatment of cesarean scar pregnancy].

Author(s): Shao HJ, Ma JT, Yang XE, Xu LP, Yang CL

Citation: Chung-Hua i Hsueh Ts'ao Chih [Chinese Medical Journal], October 2010, vol./is. 90/37(2616-9), 0376-2491;0376-2491 (2010 Oct 12)

Publication Date: October 2010

Abstract: OBJECTIVE: To investigate the suitable measures of diagnosis and treatment of cesarean scar pregnancy (CSP). METHODS: From May 2003 to February 2010, 52 cases were diagnosed as CSP on the basis of the history of cesarean section and the manifestations of pregnancy by transvaginal ultrasound and magnetic resonance imaging (MRI) examination. According to the blood level of beta-HCG, 32 patients underwent uterine artery methotrexate perfusion and uterine artery embolization (UAE), 20 cases received a protocol of methotrexate and leucovorin (CF) while UAE or Foley catheter balloon hemostasis was performed for massive vaginal bleeding cases. When beta-HCG decreased 80% - 90% and mass blood flow reduced or disappeared, focal resection was administered. RESULTS: Forty-six cases were diagnosed by transvaginal ultrasound and 6 cases by MRI. On admission, 11 patients with severe vaginal bleeding underwent UAE or Foley catheter hemostasis. Forty patients undergoing curettage had no uterine perforation or rupture with hysteroscopic guidance and laparoscopic monitoring if necessary. Among them, 39 (97.5%) cases were successful. Six cases were directly treated by laparotomy or laparoscopic focal resection and uterine repair. And 6 cases underwent conservative treatment without focal resection. 52 patients were cured successfully without any case of hysterectomy. CONCLUSION: Transvaginal ultrasound is the preferred diagnostic method of CSP while MRI is an auxiliary method for diagnosis. The treatment of CSP should be based on blood beta-HCG levels and lesion location, size, muscle thickness of surface, the condition of blood supply and vaginal bleeding. Different measures may be selected to kill embryos, stop hemorrhage and resect lesions.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

25. Retroperitoneal ectopic pregnancy: is there any place for non-surgical treatment with methotrexate?.

Author(s): Okorie CO

Citation: Journal of Obstetrics & Gynaecology Research, October 2010, vol./is. 36/5(1133-6), 1341-8076;1341-8076 (2010 Oct)

Publication Date: October 2010

Abstract: Cases of retroperitoneal ectopic pregnancy are very rare. To date, few published and unpublished reports are available and no clear or specific management guidelines have been defined. Despite concern for the risk of surgical resection of the gestational tissue and associated hemorrhage when these lesions are in close proximity to the large retroperitoneal blood vessels, conservative treatment with methotrexate has so far failed to obviate the ultimate need for surgical management. A case of retroperitoneal ectopic pregnancy located very close to large retroperitoneal blood vessels and treated with methotrexate is presented. Two other varying cases of failed methotrexate treatment for similar diagnosis are discussed. The presented patient failed methotrexate treatment and eventually underwent surgical excision. Copyright 2010 The Author. Journal of Obstetrics and Gynaecology Research Copyright 2010 Japan Society of Obstetrics and Gynecology.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost.
26. Diagnostic multimodal imaging and therapeutic transcatheter arterial chemoembolization for conservative management of hemorrhagic cesarean scar pregnancy.

Author(s): Takeda A, Koyama K, Imoto S, Mori M, Nakano T, Nakamura H

Citation: European Journal of Obstetrics, Gynecology, & Reproductive Biology, October 2010, vol./is. 152/2(152-6), 0301-2115;1872-7654 (2010 Oct)

Publication Date: October 2010

Abstract: OBJECTIVE: To evaluate the value of emergency transcatheter arterial chemoembolization (TACE) for initial conservative management of hemorrhagic cesarean scar pregnancy after multimodal image diagnosis. STUDY DESIGN: Five consecutive cases of hemorrhagic cesarean scar pregnancy were diagnosed for precise localization of ectopic placenta site, depth of placental invasion and uteroplacental neovascularization by imaging studies including color Doppler ultrasonography, magnetic resonance imaging (MRI) and three-dimensional computerized tomographic angiography. Emergency TACE with dactinomycin was initially performed to achieve immediate hemostasis and cytotoxic effects on chorionic villous tissue. Then, the need for either expectant management or subsequent hysteroscopic resection was individually determined. Systemic methotrexate (MTX) administration was added when delayed decline of serum hCG value was noted. RESULTS: On MRI, total placental invasion to the serosa of the anterior uterine wall was diagnosed in three cases, while the two remaining cases showed subtotal invasion to the anterior uterine wall. All cases were managed by emergency TACE as an initial conservative measure. Subsequently, spontaneous expulsion of gestational products occurred in one case of subtotal placental invasion. Additional MTX administration was required to achieve complete resorption of cesarean scar pregnancy in two cases of total placental invasion. In one case of subtotal placental invasion, successful hysteroscopic resection was performed under laparoscopic guidance, whereas, in one case of total placental invasion, hysteroscopic removal of gestational products was incomplete due to the risk of uterine perforation and additional systemic MTX administration was required for complete resolution. Uterine preservation was achieved in all cases without unfavorable effects of TACE or secondary hemorrhagic complications. CONCLUSIONS: This small case series emphasizes that TACE is potentially useful as an initial emergency intervention for conservative management of hemorrhagic cesarean scar pregnancy to achieve immediate hemostasis and direct cytotoxic effects on chorionic villous tissue with minimal systemic side effects of chemotherapeutic agent. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

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the cervical canal without ancillary procedures for cervical hemostasis. Arterial embolization by a resorbable agent reduces arterial circulation by providing a temporary occlusion of the vessels in order to decrease the risk of massive hemorrhage. Turkish Society of Radiology 2010.

Source: EMBASE

Full Text:

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Ben Farhat L, Ben Salah Y, Askri A, Dali N, Hendaoui L

Citation: Diagnostic & Interventional Radiology, September 2010, vol./is. 16/3(248-50), 1305-3825;1305-3612 (2010 Sep)

Publication Date: September 2010

Abstract: Cervical pregnancy is a rare form of ectopic pregnancy. Its treatment has been described by different authors. We report our successful experience of a cervical twin pregnancy that was diagnosed by transabdominal and transvaginal ultrasound and confirmed by magnetic resonance imaging. To preserve fertility, our patient was treated by a bilateral hyperselective uterine artery embolization followed by dilatation and curettage of the cervical canal without ancillary procedures for cervical hemostasis. Arterial embolization by a resorbable agent reduces arterial circulation by providing a temporary occlusion of the vessels in order to decrease the risk of massive hemorrhage.

Source: MEDLINE

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29. Predicting success of laparoscopic salpingostomy for ectopic pregnancy.

Author(s): Rabischong B, Larrain D, Pouly JL, Jaffeux P, Aublet-Cuvelier B, Fernandez H

Citation: Obstetrics & Gynecology, September 2010, vol./is. 116/3(701-7), 0029-7844;1873-233X (2010 Sep)

Publication Date: September 2010

Abstract: OBJECTIVE: To estimate predictive factors for failure of laparoscopic conservative treatment of ectopic pregnancy using a standardized surgical technique.METHODS: We performed a population-based study from the Auvergne ectopic pregnancy registry. A total of 3,196 cases of ectopic pregnancy were registered between 1992 and 2008. Among conservative treatments (n=1,965), 1,306 (66.5%) patients underwent laparoscopic salpingostomy exclusively. For each case, collected data included: sociodemographic characteristics, previous surgeries, gynecologic and reproductive histories, conditions of conception, Chlamydiae trachomatis serology, human chorionic gonadotropin (hCG) levels, and ectopic pregnancy characteristics. Univariable and multivariable analyses were performed to identify risk factors for treatment. A receiver operating characteristic curve was also provided. Statistical significance was established at P<.05.RESULTS: We identified 86 treatment failures (6.6%). The failure rate remained stable through the study period. Pretherapeutic hCG level was the only factor significantly associated with treatment failure. Patients with an hCG level of at least 1,960 international units/L had a failure rate of 8.6% compared with 5.1% in patients with a lower hCG level (P=.03). Sensitivity and specificity of this cutoff limit were 47% and 67%, respectively (likelihood ratio(+) =1.4 and likelihood ratio(-)=0.8).CONCLUSION: The hCG level of at least 1,960 international units/L is the only factor related to treatment failure. However, the prognostic value of this cutoff is low and with limited clinical relevance.LEVEL OF
Objective: To investigate the clinical manifestation, diagnosis, therapies and medical economics of cesarean scar pregnancy (CSP).

Methods: From Jan. 2005 to Dec. 2008, 96 patients with CSP treated in Obstetrics and Gynecology Hospital of Fudan University were studied retrospectively. Those cases were divided into 3 groups. Thirty-three patients were treated with methotrexate (MTX) 50 mg/m² intravenously guttae in group A. Among that 18 cases were treated with MTX, after 5-10 days they underwent dilation and curettage of uterus; 15 cases were given by dilation and curettage first if the level of serum human chorionic gonadotrophin-beta (beta-hCG) descent less than 30% in every 48 hours for 3 times after curettage, then MTX (50 mg/m²) intravenously guttae. Sixty patients were treated with MTX 100 mg bilateral uterine artery injection and embolization in group B. After 2 days, they underwent curettage. Group C: 3 patients were treated with laparotomy lesion excision. The following clinical parameters were compared, including blood loss (M), lesion diameter (x(±) s), blood beta-hCG level (M) before treatment, the number of cases with myometrial thickness anterior to the CSP <= 3 mm, the resistant index (RI) <= 0.5, expense (x(±) s), hospital days (x(±) s) in those 3 groups. The correlation of blood loss with lesion diameter and blood beta-hCG level was studied.

Results: (1) Clinical manifestation: bleeding loss were 20 ml in MTX + curettage of group A, 10 ml in curettage + MTX of group A, 12 ml in group B and 200 ml in group C. The volume of bleeding loss in group C was significantly higher than those in group A or group B (P < 0.01). The lesion diameter were (23 +/- 15) mm in curettage + MTX of group A and (30 +/- 14) mm of group B, which were higher than (16 +/- 8) mm of MTX + curettage of group A (P < 0.01). The lesion diameter of (52 +/- 7) mm in group C were significantly bigger than those in the other groups (P < 0.01). The level of blood beta-hCG levels were 21 592 U/L in MTX + curettage of group A, 979 U/L in curettage + MTX of group A, which reach statistical difference (P < 0.05). The level of blood beta-hCG levels were 11 312 U/L in group B and 101 U/L in group C. Among 28 cases with RI <= 0.5, there was 8 cases in group A (24%, 8/33), 18 cases in group B (30%, 18/60) and 2 cases in group C (2/3). Among 23 cases with myometrial thickness anterior to the CSP <= 3 mm, there was 21 cases in group B (35%, 21/60), which were significantly higher than 2 in group A (6%, 2/33) and none in group C (P < 0.05). The expense were (5578 +/- 3679) yuan in MTX + curettage of group A and (5346 +/- 2765) yuan in curettage + MTX of group, which did not reach statistical difference (P > 0.05). The expense were (7860 +/- 2104) yuan in group B, which were significantly higher than those in group A (6%, 2/33) and none in group C (P < 0.05). The hospital days were (15 +/- 8) days and (19 +/- 14) days of group A, (16 +/- 10) days in group B and (17 +/- 8) days in group C, there was no significant difference among those treatments (P > 0.05). (2) Correlation: there was positive correlation between bleeding loss and lesion diameter (r = 0.31, P < 0.05) or blood beta-hCG level (r = 0.35, P < 0.05). CONCLUSIONS: MTX intravenously guttae, MTX uterine artery injection and embolization, and laparotomy lesion excision were all properly used in treatment of CSP. MTX uterine artery injection and embolization was recommended for those with big lesion, high beta-hCG level, less myometrial thickness anterior to the CSP or plentiful blood supply of the lesion but the expense might be high.

Source: MEDLINE

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Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection.
31. Laparoscopical management of cornual pregnancies: A report of three cases

Author(s): Tinelli A., Malvasi A., Pellegrino M., Pontrelli G., Martulli B., Tsin D.A.

Citation: European Journal of Obstetrics Gynecology and Reproductive Biology, August 2010, vol./is. 151/2(199-202), 0301-2115 (August 2010)

Publication Date: August 2010

Abstract: Objective: Cornual pregnancy refers to the implantation and development of a gestation in one of the upper and lateral portions of the uterus; authors report their experience in laparoscopic therapeutic procedures on three singleton cornual pregnancies. Study design: Three healthy women were admitted in General Hospitals with suspect of cornual pregnancies by clinical examination, increasing of beta-hCG value and transvaginal ultrasonography. One of them had a haemoperitoneum. Surgeons performed all operative laparoscopies, by incision and enucleating of ectopic cornual mass, coagulating of its surrounding vessels and suturing of the uterine incision site. Results: Patients were successfully treated only by laparoscopy, post-operative recovery period was normal in all women, with no further therapeutically intervention in the follow-up course. The aftermath was uneventful at the follow-up of 2 years. Conclusion: In cornual pregnancies, the minimally invasive surgical treatment by salpingotomy or resection of the cornual region of the uterus and the suturing of the incision site, should be the option in women interested in future fertility. 2010 Elsevier Ireland Ltd. All rights reserved.

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Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

32. Are early human chorionic gonadotropin levels after methotrexate therapy a predictor of response in ectopic pregnancy?.

Author(s): Nguyen Q, Kapitz M, Downes K, Silva C

Citation: American Journal of Obstetrics & Gynecology, June 2010, vol./is. 202/6(630.e1-5), 0002-9378;1097-6868 (2010 Jun)

Publication Date: June 2010

Abstract: OBJECTIVE: The purpose of this study was to evaluate beta-human chorionic gonadotropin (beta-hCG) levels between days 0 and 4 as a predictor of methotrexate therapy success for ectopic pregnancy.STUDY DESIGN: We conducted a retrospective study that evaluated posttreatment beta-hCG levels of 30 patients with ectopic pregnancy who had been treated with single-dose methotrexate therapy.RESULTS: beta-hCG levels decreased between days 0 and 4 in 40.0% of cases, and 100% of these cases had treatment success. beta-hCG levels increased in 60.0% of cases, and 61.8% of these cases had treatment success. In patients with increasing beta-hCG levels on day 4, we calculated the beta-hCG "difference variable" (beta-hCG level at day 4 minus day 0). The median beta-hCG difference variable between cases of treatment success and failure were statistically significant (P = .035).CONCLUSION: beta-hCG level changes between days 0 and 4 after methotrexate therapy have clinical significance and predictive value. Decreasing beta-hCG levels is highly predictive of treatment success. The beta-hCG difference variable is a reliable predictor of success in cases with rising beta-hCG levels after methotrexate therapy. Copyright 2010 Mosby, Inc. All rights reserved.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
33. Successful pregnancy following conservative surgical therapy of an invasive molar gestation

Author(s): Rowan S.P., Stitely M.L., Toffle R.C.

Citation: The West Virginia medical journal, May 2010, vol./is. 106/3(24-25), 0043-3284 (2010 May-Jun)

Publication Date: May 2010

Abstract: An invasive mole is a form of persistent trophoblastic disease. The traditional surgical treatment is hysterectomy. A young nullipara presented with a positive pregnancy test 6 months following a suction curettage for an incomplete abortion. Radiologic imaging was suspicious for intramural ectopic gestation. She was treated with methotrexate but became thrombocytopenic with failure to resolve the abnormal gestation. Surgical excision of the mass was performed. Pathologic evaluation revealed the diagnosis of invasive molar pregnancy. The beta-hCG levels remained negative for greater than a year. The patient subsequently conceived and underwent a cesarean delivery of a viable infant at 36 weeks gestation. Conservative surgical excision can successfully treat invasive molar gestation. This should be considered for patients who desire future fertility and have contraindications to medical therapy.

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Maheut L, Seconda S, Bauville E, Leveque J

Citation: Journal de Gynecologie, Obstetrique et Biologie de la Reproduction, May 2010, vol./is. 39/3(254-8), 0368-2315;0150-9918 (2010 May)

Publication Date: May 2010

Abstract: A caesarean scar pregnancy is a rare type of ectopic pregnancy which engages the vital prognosis either by hemorrhage or by early uterine rupture. We report the case of a 38-years-old patient who presented an ectopic pregnancy developed inside a previous caesarean section scar. The diagnosis was made at eight weeks of gestation by ultrasound and allowed a fast management. We chose a conservative medical treatment by methotrexate both systemic and in situ. A hemorrhagic complication occurred in two months of the initial treatment, requiring an endovascular therapy as well. Copyright 2010 Elsevier Masson SAS. All rights reserved.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

35. Hepatic pregnancy managed conservatively

Author(s): Ramphal S.R., Moodley J., Rajaruthnam D.

Citation: Tropical Doctor, April 2010, vol./is. 40/2(121-122), 0049-4755;1758-1133 (April 2010)

Publication Date: April 2010

Abstract: We present a case of hepatic pregnancy and discuss expectant management, use of newer imaging techniques and approaches to management, such as leaving the
placenta in situ, the use of magnetic resonance imaging and sonography in the follow-up of placental involution. This case report illustrates that conservative management is feasible.

Source: EMBASE

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36. Combined use of uterine artery embolization and local methotrexate injection in interstitial ectopic pregnancies with poor prognosis

Author(s): Tamarit G., Lonjedo E., Gonzalez M., Tamarit S., Domingo S., Pellicer A.

Citation: Fertility and Sterility, March 2010, vol./is. 93/4(1348.e1-1348.e4), 0015-0282 (01 Mar 2010)

Publication Date: March 2010

Abstract: Objective: To report three cases of interstitial pregnancies treated successfully by combining uterine artery embolization (UAE) and ultrasound-guided local administration of methotrexate (MTX); and to assess the effect of UAE on ovarian reserve by prospectively measuring serum antimullerian hormone (AMH) levels. Design: Case report. Setting: Departments of obstetrics and gynecology and radiology of a university hospital. Patient(s): Three patients with interstitial pregnancy. Treatment with multiple IM injections of MTX had failed in cases 1 and 3. Case 2 presented high initial serum beta-hCG levels (93,563 mIU/mL), suggesting the presence of a substantial amount of trophoblastic tissue. Intervention(s): All three patients underwent UAE and an ultrasound-guided local injection of MTX under spinal anesthesia. Main Outcome Measure(s): Evolution of serum beta-HCG and AMH levels. Resolution of pregnancies. Result(s): All three cases presented an appropriate decrease in serum beta-HCG levels, though this reduction was slower in case 2 because of the initial value. Resolution of pregnancy was achieved without complications in all three cases. Levels of AMH were not affected in any of the patients. Conclusion(s): Interstitial pregnancies with a poor prognosis can be treated successfully with a combination of UAE and local MTX. This approach seems to be safe and maintains the ovarian reserve. 2010 American Society for Reproductive Medicine.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

37. An alternative monitoring protocol for single-dose methotrexate therapy in ectopic pregnancy

Author(s): Thurman A.R., Cornelius M., Korte J.E., Fylstra D.L.

Citation: American Journal of Obstetrics and Gynecology, February 2010, vol./is. 202/2(139.e1-139.e6), 0002-9378 (February 2010)

Publication Date: February 2010

Abstract: Objective: We sought to determine the sensitivity and specificity of alternative monitoring regimens in predicting the need for a second methotrexate (MTX) dose in women undergoing medical therapy for ectopic pregnancy. Study Design: We reviewed 187 women who received MTX for ectopic pregnancy. Results: We defined MTX treatment success as a clinically stable patient whose day-7 beta human chorionic gonadotropin (beta-hCG) level decreased by >=50%, compared with the day-of-treatment (DOT) beta-hCG. In comparison to the standard MTX monitoring protocol, this model was 100% sensitive and 57.4% specific in predicting the need for a second MTX dose in women whose DOT beta-hCG was <2000 mIU/mL and was 100% sensitive and 37.9% specific in women whose DOT beta-hCG was >=2000 mIU/mL. Conclusion: This model is an alternative to the traditional MTX monitoring regimen. 2010 Mosby, Inc. All rights reserved.
38. Therapeutic options of caesarean scar pregnancy: case series and literature review.

Author(s): de Vaate AJ, Brolmann HA, van der Slikke JW, Wouters MG, Schats R, Huirne JA

Citation: Journal of Clinical Ultrasound, February 2010, vol./is. 38/2(75-84), 0091-2751;1097-0096 (2010 Feb)

Publication Date: February 2010

Abstract: We describe our experience with the treatment of 4 caesarean scar pregnancies and provide an overview of current literature. Four women diagnosed with a caesarean scar pregnancy in our hospital between 1996 and 2007 were treated with local or systemic methotrexate and had a steady decline of the serum beta-hCG level. The uterus was preserved in all women and 3 of them had an uneventful subsequent pregnancy and delivery. We suggest that transcervical needle aspiration of amniotic fluid followed by intra-amniotic injection of methotrexate should be the treatment of choice, followed by surgical treatment only if methotrexate fails. (c) 2009 Wiley Periodicals, Inc.

Source: MEDLINE

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39. Modification of conservative treatment of heterotopic cervical pregnancy by Foley catheter balloon fixation with cerclage sutures at the level of the external cervical os: A case report

Author(s): Hafner T., Ivkosic I., Serman A., Bauman R., Ujevic B., Vujisic S., Hafner D., Miskovic B.

Citation: Journal of Medical Case Reports, 2010, vol./is. 4/, 1752-1947;1752-1947 (2010)

Publication Date: 2010

Abstract: Introduction. Conservative treatment of a heterotopic cervical pregnancy was performed with a modification of the fixation of a Foley catheter at the level of the external cervical os, followed by the ligation of the descending cervical branches of the uterine arteries and systemic methotrexate application. Case presentation. A 34-year-old Caucasian woman was diagnosed with double gestation after 6 weeks of in vitro fertilization treatment. A gynecological examination and color Doppler ultrasound scan revealed intra-uterine and cervical gestational sacs both containing live fetuses. A Foley catheter balloon was inserted into the cervical canal, inflated and fixed by a cerclage suture at the level of the external cervical os, followed by ligation of the descending cervical branches of the uterine arteries. Systemic methotrexate was applied. Three days after removal of the Foley catheter, an evacuation of the intra-uterine gestational sac was performed. Hemorrhage from the implantation site was controlled immediately and a pregnancy termination was successfully performed. The procedure was uneventful and our patient was discharged with a preserved uterus. Conclusions. Conservative treatment of cervical pregnancy using a Foley catheter balloon is more efficacious if the Foley catheter balloon is attached in the correct position with a cerclage suture at the level of the external os, followed by ligation of the descending cervical branches of the uterine arteries, thereby exerting maximal pressure on the bleeding vessels. 2010 Hafner et al; licensee BioMed Central Ltd.

Source: EMBASE
40. Heterotopic quadruplet pregnancy: Conservative management with ultrasonographically-guided KCL injection of cornual pregnancy and laparoscopic operation of tubal pregnancy


Citation: Fetal Diagnosis and Therapy, December 2009, vol./is. 26/4(227-230), 1015-3837 (December 2009)

Publication Date: December 2009

Abstract: Objective: To discuss a case of heterotopic cornual and tubal pregnancy managed with transvaginal potassium chloride (KCl) injection of cornual pregnancy and laparoscopic operation of tubal pregnancy. Methods: The subject was a 30-year-old woman with twin pregnancy with a left cornual and a tubal pregnancy. The heterotopic cornual pregnancy was treated with ultrasonographically-guided transvaginal injection of KCl into the thorax of ectopic fetus, and the tubal pregnancy was treated with laparoscopic left salpingectomy. Results: The woman was discharged on the 6th postoperative day. After complete ablation of the cornual and tubal pregnancy, the subject had no complications or side effects for the duration of her pregnancy up to the 37th week. Elective cesarean section was performed at 37 weeks and allowed the birth of 2 boys weighing 2,500 and 2,000 g and of normal development. Conclusions: A minimally invasive approach should be considered in a hemodynamically stable patient to treat a first-trimester heterotopic pregnancy to maintain the intrauterine pregnancy with a satisfactory outcome. Copyright 2009 S. Karger AG, Basel.

Source: EMBASE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Narang L, Kalu G

Citation: Fertility & Sterility, December 2009, vol./is. 92/6(2038.e5-7), 0015-0282;1556-5653 (2009 Dec)

Publication Date: December 2009

Abstract: OBJECTIVE: To report two cases of women who presented with amenorrhea, lower abdominal pain, and vaginal bleeding and who were diagnosed with advanced interstitial pregnancy after initial negative laparoscopies.DESIGN: Case report.SETTING: Early pregnancy unit of district general hospital.PATIENT(S): A 39-year-old woman with a history of right salpingectomy for ectopic pregnancy and a 28-year-old woman with a history of miscarriage.INTERVENTION(S): Laparoscopic salpingocentesis with methotrexate (50 mg/m(2)) after aspiration of an equivalent amount of amniotic fluid. The remainder, based on the calculated dose, was given intramuscularly. Oral mifepristone (200 mg) was given postoperatively.MAIN OUTCOME MEASURE(S): Complete resolution of interstitial pregnancy in both instances with two subsequent, successful intrauterine pregnancies delivered at term in the second patient. There were no intraoperative or postoperative complications.RESULT(S): Expected decline in beta human chorionic gonadotropin (beta-hCG) levels without the need for any further
CONCLUSION(S): Interstitial pregnancy may be successfully and safely managed by the use of laparoscopic salpingocentesis with methotrexate and mifepristone despite high initial beta-hCG levels.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

42. Successful treatment of cesarean scar pregnancy using laparoscopically assisted local injection of etoposide with transvaginal ultrasound guidance.

Author(s): Chen CH, Wang PH, Liu WM

Citation: Fertility & Sterility, November 2009, vol./is. 92/5(1747.e9-11), 0015-0282;1556-5653 (2009 Nov)

Publication Date: November 2009

Abstract: OBJECTIVE: To present a case of cesarean scar ectopic pregnancy (CSEP) successfully diagnosed and treated with a laparoscopic local injection of 100 mg etoposide under transvaginal ultrasound assistance.DESIGN: Case report.SETTING: University-affiliated teaching hospital.PATIENT(S): A 37-year-old woman with CSEP.INTERVENTION(S): Local injection of 100 mg etoposide.MAIN OUTCOME MEASURE(S): Serial serum levels of beta-hCG and return of normal menstruation.RESULT(S): Serial serum beta-hCG levels were 572.2 mIU/mL before operation, 340.7 mIU/mL on the first postoperative day, 28.1 mIU/mL on postoperative day 9, and 5 mIU/mL on postoperative day 17. Menstruation was initiated on postoperative day 45.CONCLUSION(S): Use of laparoscopic local injection of 100 mg etoposide with transvaginal ultrasound guidance might be an effective method for the management of CSEP.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

43. Successful management of live ectopic pregnancy with high beta-hCG titres by ultrasound-guided potassium chloride injection and systemic methotrexate.

Author(s): Dadhwal V, Deka D, Ghosh B, Mittal S

Citation: Archives of Gynecology & Obstetrics, November 2009, vol./is. 280/5(799-801), 0932-0067;1432-0711 (2009 Nov)

Publication Date: November 2009

Abstract: BACKGROUND: Methotrexate (Mtx) is accepted modality for conservative treatment of ectopic pregnancy. However, there is no consensus regarding its use in live ectopic pregnancy and high serum beta-human chorionic gonadotrophin (beta-hCG) titres.CASE REPORT: We report a successful management of live ectopic pregnancy in a 27-year-old nulliparous woman, with very high beta-hCG titres (89,200 mIU/mL), using ultrasound-guided intra-sac potassium chloride (KCl) injection and systemic Mtx. Successful resolution of the ectopic pregnancy, with negative serum beta-hCG (<1 mIU/mL) was achieved after three doses of Mtx, and a prolonged follow-up of 71 days. No treatment related complications were encountered.CONCLUSION: Concurrent use of intra-sac hypertonic KCl, to produce cardiac asystole, with systemic Mtx could potentially improve outcome in live ectopic gestations with very high serum beta-hCG titres. However, individualised treatment, with a stringent follow-up regime is mandatory in such cases.

Source: MEDLINE

Full Text:
44. Methotrexate therapy for cesarean section scar pregnancy with and without suction curettage


Citation: Fertility and Sterility, October 2009, vol./is. 92/4(1208-1213), 0015-0282 (October 2009)

Publication Date: October 2009

Abstract: Objective: To compare the clinical effects in women with cesarean scar pregnancy (CSP) who were treated with either methotrexate (MTX) regimen only or MTX regimen followed by dilation and curettage (D&C). Design: Prospective consecutive clinical cohort study. Setting: University hospital for obstetrics, gynecology, and reproductive medicine. Subject(s): Seventy-one cases of CSP. Intervention(s): The subjects were treated with either MTX only (MTX group, 21 cases) or MTX followed by D&C (combined therapy group, 50 cases). Main Outcome Measure(s): Success rates, hysterectomy rates, and time to resolution of serum beta-hCG and the CSP mass were compared between the two groups. Result(s): Compared with the MTX group, the combined therapy group had a shorter time to resolution of the CSP mass and serum beta-hCG. There was no significant difference between the MTX and combined therapy groups regarding success rates (76.2% vs. 90.0%, respectively) and hysterectomy rates (19.0% vs. 8.0%, respectively). Conclusion(s): Both therapies could treat the majority of CSP patients successfully, but the combined therapy resulted in a shorter time of therapy and indicated a more favorable effect. 2009 American Society for Reproductive Medicine.

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

45. Heterotopic cesarean scar pregnancy how should it be managed?

Author(s): Taskin S., Taskin E.A., Ciftci T.T.

Citation: Obstetrical and Gynecological Survey, October 2009, vol./is. 64/10(690-695), 0029-7828;1533-9866 (October 2009)

Publication Date: October 2009

Abstract: Heterotopic cesarean scar pregnancy is an extremely rare condition that may cause life-threatening complications. A 24-year-old woman gravida 2, para 1, presented with vaginal bleeding. Vaginal sonography demonstrated 2 gestational sacs containing viable embryos, one located in the uterine fundus and the other in the previous cesarean scar. Fetal reduction of the cesarean scar pregnancy was performed with intracardiac KCl injection and the ongoing intrauterine pregnancy was delivered by cesarean section at 34 week's gestation. To prevent serious complications and preserve intrauterine pregnancy, heterotopic cesarean scar pregnancy must be diagnosed early in gestation. Favorable pregnancy outcome can be achieved with conservative management. However, such management increases the risk of massive bleeding during ongoing pregnancy and cesarean section. Copyright 2009 by Lippincott Williams & Wilkins.

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
46. Methotrexate therapy for cesarean section scar pregnancy with and without suction curettage.

Author(s): Wang JH, Xu KH, Lin J, Xu JY, Wu RJ

Citation: Fertility & Sterility, October 2009, vol./is. 92/4(1208-13), 0015-0282;1556-5653 (2009 Oct)

Publication Date: October 2009

Abstract: OBJECTIVE: To compare the clinical effects in women with cesarean scar pregnancy (CSP) who were treated with either methotrexate (MTX) regimen only or MTX regimen followed by dilation and curettage (D&C). DESIGN: Prospective consecutive clinical cohort study. SETTING: University hospital for obstetrics, gynecology, and reproductive medicine. SUBJECT(S): Seventy-one cases of CSP. INTERVENTION(S): The subjects were treated with either MTX only (MTX group, 21 cases) or MTX followed by D&C (combined therapy group, 50 cases). MAIN OUTCOME MEASURE(S): Success rates, hysterectomy rates, and time to resolution of serum beta-hCG and the CSP mass were compared between the two groups. RESULT(S): Compared with the MTX group, the combined therapy group had a shorter time to resolution of the CSP mass and serum beta-hCG. There was no significant difference between the MTX and combined therapy groups regarding success rates (76.2% vs. 90.0%, respectively) and hysterectomy rates (19.0% vs. 8.0%, respectively). CONCLUSION(S): Both therapies could treat the majority of CSP patients successfully, but the combined therapy resulted in a shorter time of therapy and indicated a more favorable effect.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

47. Cutoff value of human chorionic gonadotropin in relation to the number of methotrexate cycles in the successful treatment of ectopic pregnancy.

Author(s): Nowak-Markwiźt E, Michalak M, Olejnik M, Spaczynski M

Citation: Fertility & Sterility, October 2009, vol./is. 92/4(1203-7), 0015-0282;1556-5653 (2009 Oct)

Publication Date: October 2009

Abstract: OBJECTIVE: To assign cutoff values for human chorionic gonadotropin (beta-hCG) in pretreatment and after one methotrexate (MTX) cycle and determine its correspondence to the number of MTX cycles in successfully treated ectopic pregnancy. DESIGN: Retrospective study. SETTING: Polish university hospital. PATIENT(S): 68 women with ectopic pregnancies who qualified for medical treatment. INTERVENTION(S): A single-dose of MTX (50 mg/m²) repeated every 7 days, plus laparoscopy in cases of tubal rupture or increased (>or=50% over 1 week) beta-hCG concentration. MAIN OUTCOME MEASURE(S): Resolution of serum beta-hCG without the necessity of laparoscopy. RESULT(S): Success rate was 78% (53 of 64 women). The medians of pretreatment beta-hCG levels in the groups treated successfully and unsuccessfully (943 vs. 3085 mIU/mL) and after the first dose of MTX (564 vs. 4049 mIU/mL) were statistically significantly different. The decrease in beta-hCG level after one MTX dose differed statistically significantly only in successfully treated women. The receiver operating characteristic (ROC) curve cutoff value in the success group indicated an initial beta-hCG level of 1790 and 1218 mIU/mL after one MTX cycle. The median of beta-hCG titer was not statistically different in patients requiring one or more treatment cycles. CONCLUSION(S): When the beta-hCG level is >1790 mIU/mL, the MTX treatment of ectopic pregnancy is at risk of failure. However, the initial beta-hCG titer is not a predictor of the number of MTX cycles that can guarantee a successful outcome.

Source: MEDLINE

Full Text:
48. Heterotopic cesarean scar pregnancy: how should it be managed?.
Author(s): Taskin S, Taskin EA, Ciftci TT
Citation: Obstetrical & Gynecological Survey, October 2009, vol./is. 64/10(690-5; quiz 697), 0029-7828;1533-9866 (2009 Oct)
Publication Date: October 2009
Abstract: Heterotopic cesarean scar pregnancy is an extremely rare condition that may cause life-threatening complications. A 24-year-old woman gravida 2, para 1, presented with vaginal bleeding. Vaginal sonography demonstrated 2 gestational sacs containing viable embryos, one located in the uterine fundus and the other in the previous cesarean scar. Fetal reduction of the cesarean scar pregnancy was performed with intracardiac KCl injection and the ongoing intrauterine pregnancy was delivered by cesarean section at 34 week's gestation. To prevent serious complications and preserve intrauterine pregnancy, heterotopic cesarean scar pregnancy must be diagnosed early in gestation. Favorable pregnancy outcome can be achieved with conservative management. However, such management increases the risk of massive bleeding during ongoing pregnancy and cesarean section.
Source: MEDLINE
Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Author(s): Postawski K, Romanek K, Wrobel A, Rechberger T
Citation: Ginekologia Polska, September 2009, vol./is. 80/9(704-7), 0017-0011;0017-0011 (2009 Sep)
Publication Date: September 2009
Abstract: Diagnosis of cervical pregnancy depends on ultrasonographic image of the gestational sac within the cervix, rather than histopathologic examination. Diagnosis of a cervical pregnancy may be confirmed if the placenta and the entire chorionic sac containing a live fetus are located below the internal os. Majority of patients with cervical pregnancies are young women who wish to stay fertile and have the possibility to bear children. Ultrasonography offers the advantage of early clinical diagnosis and easy follow-up. Methotrexate (MTX) has become the treatment of choice in cervical pregnancy management, especially for the hemodynamically stable patients. In the following article we have reported a the successful management of a 7 weeks gestation cervical pregnancy treated with the combination of MTX, prostaglandin and suction curettage. Due to conservative treatment emergency hysterectomy was avoided.
Source: MEDLINE
Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

50. Letter to the editor, editorial comment, authors comment... Conservative management of multiple ovarian pregnancy. Ultrasound (February 2009).
Author(s): Holloway S, Halford K, Allard L, Smith P, Millsted P, Long J, Downie A,
51. Ovarian ectopic pregnancy: diagnosis, treatment, correlation to Carnegie stage 16 and review based on a clinical case.

Author(s): Kraemer B, Kraemer E, Guengoer E, Juhasz-Boess I, Solomayer EF, Wallwiener D, Rajab TK

Citation: Fertility & Sterility, July 2009, vol./is. 92/1(392.e13-5), 0015-0282;1556-5653 (2009 Jul)

Publication Date: July 2009

Abstract: OBJECTIVE: To present a case of a vital ectopic pregnancy after 8 weeks that was located in the right ovary.DESIGN: Case study and literature review.SETTING: Hospital outpatient clinic.PATIENT(S): A 29-year-old primigravida presented with lower abdominal pain and mild vaginal bleeding at 8 weeks after her last menstrual period.INTERVENTION(S): Wedge resection of the ovary which did not affect subsequent fertility.MAIN OUTCOME MEASURE(S): Conservative treatment options and preservation of patient's reproductive capacity.RESULT(S): The embryo was laparoscopically removed in toto and visualized. Therefore, macroscopic correlation to Carnegie stage 16 of development was possible.CONCLUSION(S): Approximately 3% of all ectopic pregnancies are located in the ovaries. Preoperative diagnosis of this extremely rare condition is challenging, because the ectopic tumor often resembles cysts of the corpus luteum. At surgery, the trophoblast tissue or the embryo can rarely be visualized completely.

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Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

52. Diagnosis and laparoscopic management of 11 consecutive cases of cornual ectopic pregnancy.

Author(s): MacRae R, Olowu O, Rizzuto MI, Odejinmi F

Citation: Archives of Gynecology & Obstetrics, July 2009, vol./is. 280/1(59-64), 0932-0067;1432-0711 (2009 Jul)

Publication Date: July 2009

Abstract: OBJECTIVE: To determine the pre-operative diagnosis by two dimensional ultrasound scan and the outcome of the laparoscopic management of cornual ectopic pregnancy.DESIGN: Prospective database cohort study.SETTING: Whipp's Cross University Hospital, UK (District General Hospital).PATIENTS: Eleven patients with cornual ectopic pregnancy presenting in our hospital between January 2003 and December 2007.INTERVENTIONS: Laparoscopic cornuostomy or cornual resection.OUTCOME MEASURES: Pre-operative diagnosis by ultrasound scan, conversion rate to laparotomy, successful laparoscopy (not requiring further treatment), complication rate and duration of hospital stay.RESULTS: The mean gestational age was 8 +/- 2 weeks. All 11 patients presented with abdominal pain and vaginal bleeding and two (18%) patients became haemodynamically unstable before laparoscopy. There were five (45%) patients with risk factors for ectopic pregnancy. The mean serum beta-human chorionic gonadotropin (beta-hcg) was 15,263 +/- 12,045 microm/ml. One patient did not have a transvaginal scan as it was decided to proceed to surgery on clinical grounds. The diagnosis of ectopic pregnancy was correct at initial scan in nine (90%) of the ten patients who had transvaginal scans as
one patient was misdiagnosed at the first scan. However, an ectopic pregnancy was diagnosed on a second ultrasound scan assessment. Initial laparoscopy was negative in one of the nine patients diagnosed as having an ectopic pregnancy. The diagnosis was later confirmed following serial serum beta-hCG monitoring, a repeat scan and a second laparoscopy. Ten (91%) of the 11 patients had successful operative laparoscopy as one (9%) patient had conversion to laparotomy. Among patients who had laparoscopic surgery, cornuostomy was performed in three (30%) patients while cornual resection was performed in the other seven (70%) patients. One (10%) of the patients who had laparoscopic surgery needed further treatment with systemic methotrexate. This patient had a cornual resection and was the only complication following laparoscopic surgery. The mean hospital stay was 2 days.

CONCLUSION: This presentation of one of the larger series of patients with cornual ectopic pregnancy managed by laparoscopic surgery reveals that experience at ultrasonography and laparoscopic technique can lead to earlier diagnosis and few cases requiring laparotomy or further treatment. In addition laparoscopic surgery for cornual ectopic is safe and lends itself to conservative approach (cornuostomy) in selected cases.

Source: MEDLINE

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Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

53. Laparoscopic conservative approach to ovarian pregnancies: two cases.

Author(s): Var T, Tonguc EA, Akan E, Batioglu S, Akbay S
Citation: Archives of Gynecology & Obstetrics, July 2009, vol./is. 280/1(123-5), 0932-0067;1432-0711 (2009 Jul)
Publication Date: July 2009
Abstract: Primary ovarian ectopic pregnancy occurs quite rarely. Primary ovarian ectopic pregnancies usually occur in young, highly fertile, multiparous women using IUD. Two cases, we presented were middle aged, infertility and did not use IUD. The treatment of choice for ovarian pregnancy is usually ovarian wedge resection or oophorectomy, also there is a place for medical treatment of carefully selected patients. In this report, we aimed to present the laparoscopic conservative treatment of spontaneous ovarian ectopic pregnancy in two patients who had primary infertility.

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54. Laparoscopic treatment of interstitial twin pregnancy

Author(s): Casadio P., Formelli G., Spagnolo E., De Angelis D., Marra E., Armillotta F., Salfi N., Ghi T., Giunchi S., Meriggiola M.C., Perrone A.M., Pelusi G.
Citation: Fertility and Sterility, July 2009, vol./is. 92/1(390.e13-390.e17), 0015-0282 (July 2009)
Publication Date: July 2009
Abstract: Objective: To describe a conservative management by laparoscopy of an unusual interstitial twin pregnancy. Design: Case report. Setting: University hospital. Patient(s): A 27-year-old woman, pregnant at 6th week of amenorrhea with interstitial twin pregnancy. Intervention(s): The woman was submitted to two- and three-dimensional transvaginal ultrasound and to diagnostic hysteroscopy. Subsequently, we performed a laparoscopic procedure: conical exeresis of the uterine cornu using a monopolar hook
Conservative management of spontaneous heterotopic cervical pregnancy using an aspiration cannula and pediatric Foley catheter.

Author(s): Kim MG, Shim JY, Won HS, Lee PR, Kim A

Citation: Ultrasound in Obstetrics & Gynecology, June 2009, vol./is. 33/6(733-4), 0960-7692;1469-0705 (2009 Jun)

Publication Date: June 2009

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Does tubal ectopic pregnancy with hemoperitoneum always require surgery?.

Author(s): Bignardi T, Condous G

Citation: Ultrasound in Obstetrics & Gynecology, June 2009, vol./is. 33/6(711-5), 0960-7692;1469-0705 (2009 Jun)

Publication Date: June 2009

Abstract: OBJECTIVE: Hemoperitoneum is accepted as an indication for surgery in women with tubal ectopic pregnancy. The aim of this pilot study was to evaluate the feasibility of managing such women non-surgically.METHODS: This was a prospective observational study. Women with tubal ectopic pregnancy and hemoperitoneum detected on transvaginal sonography (TVS) were managed as inpatients either expectantly or with methotrexate (MTX). Inclusion criteria for conservative management were: compliance, clinical stability, absence of acute abdomen, stable hemoglobin level on two measurements (0 and 12-24 h apart), serum human chorionic gonadotropin (hCG) < 5000 IU/L, absence of fetal cardiac activity on TVS and absence of significant hemoperitoneum, defined as blood above the level of the uterine fundus and/or in Morison's pouch (hepatorenal space). Subsequent management was based upon the hCG ratio at 48 h. All the women were managed as inpatients until the abdominal pain settled and the serum hCG levels were falling.RESULTS: Forty-one women with tubal ectopic pregnancy presented between November 2006 and March 2008. Eight women (20%) fulfilled the entry criteria. The median gestational age at diagnosis was 49 (interquartile range, 38-52.5) days. All women presented with lower abdominal pain/right iliac fossa or left iliac fossa pain. Hemoglobin levels ranged from 11.2 to 14.2 g/dL at presentation and from 12.0 to 14.8 g/dL after 12-24 h. 6/8 (75%) women were managed expectantly and 2/8 (25%) received MTX. All women had resolution of their ectopic pregnancy within 3 weeks with no complications.CONCLUSIONS: This pilot study suggests that the finding of hemoperitoneum on ultrasound examination may not be an absolute contraindication to conservative management of tubal ectopic pregnancy. (c) 2009 ISUOG.

Source: MEDLINE

Full Text:
57. Conservative management of spontaneous heterotopic cervical pregnancy using an aspiration cannula and pediatric Foley catheter

Author(s): Kim M. G., Shim J. Y., Won H. S., Lee P. R., Kim A.

Citation: Ultrasound in Obstetrics and Gynecology, June 2009, vol./is. 33/6(733-734), 0960-7692;1469-0705 (June 2009)

Publication Date: June 2009

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

58. Uterine artery embolization as an adjunctive measure to decrease blood loss prior to evacuating a cervical pregnancy.

Author(s): Yu B, Douglas NC, Guarnaccia MM, Sauer MV

Citation: Archives of Gynecology & Obstetrics, May 2009, vol./is. 279/5(721-4), 0932-0067;1432-0711 (2009 May)

Publication Date: May 2009

Abstract: BACKGROUND: Cervical ectopic pregnancy accounts for less than 1% of all ectopic gestations. The most effective, fertility sparing treatment of a cervical ectopic pregnancy is still unclear due to limited reported experience. CASE: The diagnosis and management of a 32-year-old with a cervical ectopic pregnancy after in vitro fertilization and embryo transfer is described. The patient had multiple risk factors, including Asherman's syndrome following an abdominal myomectomy and three uterine curettages, for a cervical ectopic pregnancy. Due to her desire for future childbearing, conservative management strategies were chosen. This patient was successfully treated with uterine artery embolization followed by immediate dilation and evacuation of the pregnancy. CONCLUSIONS: This report demonstrates that UAE followed by immediate evacuation of a cervical ectopic pregnancy effectively terminates a viable gestation with minimal blood loss while maintaining fertility capacity.

Source: MEDLINE

Full Text: Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Choi DH, Kwon H, Kim YS, Kim JH

Citation: Journal of Reproductive Medicine, April 2009, vol./is. 54/4(255-8), 0024-7758:0024-7758 (2009 Apr)

Publication Date: April 2009

Abstract: BACKGROUND: Intramural pregnancy associated with adenomyosis after in vitro fertilization and embryo transfer is a rare occurrence. CASE: A 37-year-old woman presented with a history of 2 dilation and curettage procedures after 2 miscarriages in the first trimester. She underwent transvaginal ultrasound and systemic and sonography-
RESULT: The woman was successfully treated, and her fertility was maintained with no complications from the procedure. CONCLUSION: Early diagnosis of intramural pregnancy by skipped menstruation, elevated beta human chorionic gonadotropin (beta-hCG) and intramural cyst not connected with the endometrium and with no other possible sites of ectopic pregnancy allows the clinician to plan the conservative treatment method at the optimum time, with more opportunity for conservation of fertility.

Source: MEDLINE

Full Text:
Available in full text at ULHT journal article requests. Complete the online form to obtain articles.

60. Cesarean scar ectopic pregnancy in a patient with multiple prior cesarean sections: a case report.

Author(s): Kiley J, Shulman LP

Citation: Journal of Reproductive Medicine, April 2009, vol./is. 54/4(251-4), 0024-7758;0024-7758 (2009 Apr)

Publication Date: April 2009

Abstract: BACKGROUND: Cesarean scar pregnancy, an abnormal gestation implanted in the hysterotomy site of a previous cesarean section, is a unique type of ectopic pregnancy. Once uncommon, these life-threatening gestations are increasing in frequency. Outcomes depend on a high index of suspicion and early diagnosis. CASE: A 39-year-old, gravida 9, para 5-0-3-5, with a history of 5 cesarean deliveries, presented with vaginal bleeding secondary to cesarean scar pregnancy at 8 weeks’ gestation. The patient, who desired future fertility, was successfully treated conservatively with methotrexate and uterine artery embolization. CONCLUSION: Reports of cesarean scar pregnancies are rising in the literature, and we describe a scar pregnancy in a woman with multiple prior cesareans. Although the relationship between cesarean scar pregnancy and the number of previous cesarean deliveries is unclear, rising cesarean section rates worldwide will further increase overall incidence. The optimal treatment modality remains uncertain, but conservative management is appropriate when desired by the patient and administered under close observation.

Source: MEDLINE

Full Text:
Available in full text at ULHT journal article requests. Complete the online form to obtain articles.

61. Heterotopic cervical pregnancy treated with transvaginal ultrasound-guided aspiration resulting in cervical site varices within the myometrium.

Author(s): Shah AA, Grotegut CA, Likes CE 3rd, Miller MJ, Walmer DK

Citation: Fertility & Sterility, March 2009, vol./is. 91/3(934.e19-22), 0015-0282;1556-5653 (2009 Mar)

Publication Date: March 2009

Abstract: OBJECTIVE: To report a case of successful treatment of a heterotopic cervical pregnancy from IVF-embryo transfer and intracytoplasmic sperm injection (ICSI) that resulted in uterine varices at the cervical site. DESIGN: Case report. SETTING: Tertiary university clinical center. PATIENT(S): A 34-year-old with a history of infertility associated with oligospermia who developed a heterotopic cervical pregnancy diagnosed at 7 weeks gestation. INTERVENTION(S): Transvaginal ultrasound (TVS)-guided aspiration of the cervical pregnancy; preoperative placement of bilateral hypogastric artery occlusion balloons; cesarean section. MAIN OUTCOME MEASURE(S): Successful delivery of intrauterine pregnancy; conservation of the uterus. RESULT(S): Successful termination of
the cervical site pregnancy was achieved with TVS-guided aspiration. However, the pregnancy was then complicated by development of uterine varices at the cervical site noted on serial obstetric ultrasounds and magnetic resonance imaging (MRI). Successful management of the pregnancy required a multidisciplinary approach and preoperative placement of bilateral hypogastric artery occlusion balloons. A scheduled high fundal classic cesarean section at 37 weeks allowed for safe delivery of a healthy infant. Complete spontaneous resolution of the uterine varices was noted after the delivery. CONCLUSION(S): It is unclear whether residual ectopic tissue contributed to this later complication; however, it cannot be ignored that the locations of the aborted site and the prominence of dilated venous vasculature in this same location suggests a correlation. The interventions applied are reasonable conservative treatments of a cervical heterotopic pregnancy and a management strategy for uterine varices.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Verma U, Goharkhay N

Citation: Fertility & Sterility, March 2009, vol./is. 91/3(671-4), 0015-0282;1556-5653 (2009 Mar)

Publication Date: March 2009

Abstract: OBJECTIVE: To evaluate the safety and efficacy of a minimally invasive approach in the management of cervical ectopic pregnancies. DESIGN: Retrospective case series. SETTING: University tertiary care hospital. PATIENT(S): Twenty-four women diagnosed with cervical ectopic pregnancy managed conservatively. INTERVENTION(S): Systemic methotrexate alone or combined with ultrasound-guided fetal intracardiac injection of potassium chloride. MAIN OUTCOME MEASURE(S): Reduction in hysterectomy rate, incidence of serious complications, and necessity for further intervention. RESULT(S): Conservative management of cervical ectopic pregnancy was successful in preventing the need for hysterectomy in all patients in our study. In two patients with a heterotopic gestation the intrauterine pregnancy could successfully be salvaged. Four patients experienced morbidity that required additional interventions. CONCLUSION(S): Most cervical ectopic pregnancies can be safely managed in a minimally invasive manner.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

63. Rupture of ectopic pregnancy with negative serum beta-hCG leading to hemorrhagic shock.

Author(s): Grynberg M, Teyssedre J, Andre C, Graesslin O

Citation: Obstetrics & Gynecology, February 2009, vol./is. 113/2 Pt 2(537-9), 0029-7844;0029-7844 (2009 Feb)

Publication Date: February 2009

Abstract: BACKGROUND: Rupture of a fallopian tube caused by ectopic pregnancy may have serious consequences including hemorrhagic shock. The diagnosis of ectopic pregnancy is based on the demonstration of pregnancy using serum beta-hCG assays. Thus, a negative test usually allows the exclusion of the diagnosis of ectopic pregnancy. CASE: We present an unusual case of ectopic pregnancy resulting in hemorrhagic shock despite negative results for serum beta-hCG tests. Computed
tomography and ultrasound scans revealed hemoperitoneum and a right adnexal mass. Medical management and laparoscopic salpingectomy allowed for a favorable outcome. CONCLUSION: This case illustrates the potential for an ectopic pregnancy to rupture with undetectable serum beta-hCG levels. Further, it illustrates the helpful role of imaging exams in diagnosing a patient with unstable hemodynamic status.

Source: MEDLINE
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Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection

64. Persistent low levels of beta-hCG in a patient with recurrent pregnancy loss.
Author(s): Vu J, Meyer C, Porto S
Citation: Obstetrics & Gynecology, February 2009, vol./is. 113/2 Pt 2(518-9), 0029-7844;0029-7844 (2009 Feb)
Publication Date: February 2009
Abstract: BACKGROUND: A subset of women with persistent low levels of beta-hCG have undergone potentially harmful treatments despite no evidence of pregnancy or gestational trophoblastic neoplasia. CASE: A 37-year-old woman with a history of recurrent pregnancy loss presented with persistent low levels of beta-hCG. She was treated for ectopic pregnancy and retained products and was later suspected of having a malignancy. However, further evaluation of her human chorionic gonadotropin led to a diagnosis of quiescent gestational trophoblastic disease. CONCLUSION: A diagnosis of quiescent gestational trophoblastic disease should be considered in all patients who present with persistent low levels of beta-hCG, including those with recurrent pregnancy loss.
Source: MEDLINE
Full Text:
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection

65. Conservative management of multiple ovarian pregnancy.
Author(s): Moustafa MMR, Burnham A
Citation: Ultrasound, 01 February 2009, vol./is. 17/1(35-36), 1742271X
Publication Date: 01 February 2009
Source: CINAHL
Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

66. Ruptured tubal ectopic pregnancy with negative serum beta hCG—a case for ongoing vigilance?
Author(s): Lee JK, Lamaro VP
Citation: New Zealand Medical Journal, January 2009, vol./is. 122/1288(94-9), 0028-8446;1175-8716 (2009 Jan 23)
Publication Date: January 2009
Abstract: A 25-year-old female with a history of recent miscarriage presents with haemodynamic shock and a negative serum beta hCG. She presents to six different healthcare facilities within a single metropolitan area, during which a pelvic ultrasound scan showed an empty uterus with a subnormal rise in serum beta hCG. Suspected ruptured tubal ectopic pregnancy was confirmed following laparoscopy and salpingectomy, with
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histopathological confirmation of chorionic villi in the extirpated fallopian tube. This case report highlights the ongoing clinical diagnostic challenges that are associated with ectopic pregnancy; illustrates the importance of teamwork; and perhaps also draws attention to the need for a robust protocol to facilitate consistent, good-quality early pregnancy care for all women.

Source: MEDLINE

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Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

□ 67. Cesarean scar pregnancies successfully treated with methotrexate.

Author(s): Muraji M, Mabuchi S, Hisamoto K, Muranishi M, Kanagawa T, Nishio Y, Kimura T

Citation: Acta Obstetricia et Gynecologica Scandinavica, 2009, vol./is. 88/6(720-3), 0001-6349;1600-0412 (2009)

Publication Date: 2009

Abstract: Three cases of cesarean scar pregnancy successfully treated with methotrexate are described. The diagnosis was confirmed by transvaginal sonographic examinations showing a well-formed gestational sac in the myometrium of the lower uterine segment. Initial treatment with a systemic injection of 50 mg of methotrexate was not sufficient, and multiple doses were required to obtain a complete remission in two cases. In a case with a beta-hCG level of more than 20,000 mIU/mL with a viable embryo in a gestational sac, a combination of systemic and local treatment with methotrexate was required. It took 7-11 weeks for the beta-hCG level to become undetectable and 12-17 weeks for the cesarean scar pregnancy mass to disappear completely.

Source: MEDLINE

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Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

□ 68. Conservative treatment by endoscopy of a cesarean scar pregnancy: two case reports.

Author(s): Colome C, Cusido MT, Hereter L, Pascual MA, Fabregas R

Citation: Clinical & Experimental Obstetrics & Gynecology, 2009, vol./is. 36/2(126-9), 0390-6663;0390-6663 (2009)

Publication Date: 2009

Abstract: BACKGROUND: Cesarean section scar pregnancy is the rarest form of ectopic pregnancy and the most dangerous due to the high risk of uterine rupture and hemorrhage. CASE: We present two case reports of women diagnosed with an ectopic cesarean scar pregnancy. We performed conservative treatment because both patients desired fertility preservation. The first case was treated with laparoscopy and hysteroscopy simultaneously. For the second case the treatment started with an ultrasound-guided injection of methotrexate. Surgical laparoscopy and hysteroscopy were subsequently performed simultaneously. Four months later, the first woman had a spontaneous singleton pregnancy. An elective cesarean was performed. CONCLUSION: In these two case reports we have presented our experience with endoscopic surgery in the management of two patients who had a cesarean scar pregnancy and desired to preserve their fertility.

Source: MEDLINE

Full Text:

Author(s): Park HR, Moon MJ, Ahn EH, Baek MJ, Choi DH

Citation: Fetal Diagnosis & Therapy, 2009, vol./is. 26/4(227-30), 1015-3837;1421-9964 (2009)

Publication Date: 2009

Abstract: OBJECTIVE: To discuss a case of heterotopic cornual and tubal pregnancy managed with transvaginal potassium chloride (KCl) injection of cornual pregnancy and laparoscopic operation of tubal pregnancy.METHODS: The subject was a 30-year-old woman with twin pregnancy with a left cornual and a tubal pregnancy. The heterotopic cornual pregnancy was treated with ultrasonographically-guided transvaginal injection of KCl into the thorax of ectopic fetus, and the tubal pregnancy was treated with laparoscopic left salpingectomy.RESULTS: The woman was discharged on the 6th postoperative day. After complete ablation of the cornual and tubal pregnancy, the subject had no complications or side effects for the duration of her pregnancy up to the 37th week. Elective cesarean section was performed at 37 weeks and allowed the birth of 2 boys weighing 2,500 and 2,000 g and of normal development.CONCLUSIONS: A minimally invasive approach should be considered in a hemodynamically stable patient to treat a first-trimester heterotopic pregnancy to maintain the intrauterine pregnancy with a satisfactory outcome.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

70. Low-dose methotrexate administration in the management of cervical pregnancy

Author(s): Reissman C.E., Goecke T.W., Beckmann M.W., Schild R.L., Oppeli P.

Citation: Journal of the Turkish German Gynecology Association, 2009, vol./is. 10/2(99-103), 1309-0399;1309-0380 (2009)

Publication Date: 2009

Abstract: Objective: Cervical pregnancy is a rare form of ectopic pregnancy. There is the risk of hysterectomy when this type of ectopic pregnancy is managed with surgery. An established form of conservative treatment is the administration of methotrexate (MTX). We demonstrate the effectiveness of a low-dose MTX regimen. Materials and Methods: Case analysis of cervical pregnancies at a tertiary referral center at an University Hospital. Six patients presented with cervical or isthmocervical pregnancies. Low-dose of MTX was administered intravenously. Secondary surgical intervention was carried out when needed. The main outcome measures were to preserve childbearing capacity using conservative treatment partly followed by curettage for cervical pregnancy Results: Six patients received conservative treatment with MTX in a low-dose regimen. During the course of conservative treatment with MTX, three patients underwent curettage. One of these patients also received an intra-amniotic administration in addition to systemic administration of MTX. Conclusions: Systemic low-dose methotrexate treatment is an effective form of primary treatment, with a low rate of side effects.

Source: EMBASE

71. Ruptured tubal ectopic pregnancy with negative serum beta hCG - A case for
## 72. Conservative management of a Cesarean scar ectopic pregnancy: A case report

**Author(s):** Tulpin L., Morel O., Malartic C., Barranger E.

**Citation:** Cases Journal, 2009, vol./is. 2/8, 1757-1626 (2009)

**Publication Date:** 2009

**Abstract:** Introduction: Cesarean scar pregnancy is the rarest kind of ectopic pregnancy. The immediate prognosis depends on the risks associated with uterine rupture and massive bleeding. Case presentation: A 32-year-old woman (gravida 2, para 1) presented with massive vaginal bleeding. A Cesarean scar pregnancy was diagnosed. She was treated by local methotrexate injection, followed by uterine artery embolization. Recurrence of bleeding necessitated two repeat embolizations. Hysteroscopy four months later revealed the presence of a uterine defect within the Cesarean section scar. Conclusion: Cesarean scar pregnancy should be diagnosed and treated as soon as possible to prevent severe complications and spare fertility. 2009 Tulpin et al.; licensee Cases Network Ltd.

**Source:** EMBASE

**Full Text:**
Available in fulltext at BioMedCentral
Available in fulltext at National Library of Medicine
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

## 73. Cesarean scar ectopic pregnancy in a patient with multiple prior cesarean sections a case report

**Author(s):** Kiley J., Shulman L.P.

**Citation:** Journal of Reproductive Medicine for the Obstetrician and Gynecologist, 2009, vol./is. 54/4(251-254), 0024-7758 (2009)

**Publication Date:** 2009

**Abstract:** Background: Cesarean scar pregnancy, an abnormal gestation implanted in the hysterotomy site of a previous cesarean section, is a unique type of ectopic pregnancy.
Once uncommon, these life-threatening gestations are increasing in frequency. Outcomes depend on a high index of suspicion and early diagnosis. CASE: A 39-year-old, gravida 9, para 5-0-3-5, with a history of 5 cesarean deliveries, presented with vaginal bleeding secondary to cesarean scar pregnancy at 8 weeks’ gestation. The patient, who desired future fertility, was successfully treated conservatively with methotrexate and uterine artery embolization. CONCLUSION: Reports of cesarean scar pregnancies are rising in the literature, and we describe a scar pregnancy in a woman with multiple prior cesareans. Although the relationship between cesarean scar pregnancy and the number of previous cesarean deliveries is unclear, rising cesarean section rates worldwide will further increase overall incidence. The optimal treatment modality remains uncertain, but conservative management is appropriate when desired by the patient and administered under close observation. (J Reprod Med 2009;54:251-254).

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

74. Conservative treatment of cervico-isthmic heterotopic pregnancy by fine needle aspiration for selective embryo reduction.

Author(s): Hsieh BC, Seow KM, Hwang JL, Lin YH, Huang LW, Chen HJ, Tzeng CR

Citation: Reproductive Biomedicine Online, December 2008, vol./is. 17/6(803-5), 1472-6483;1472-6491 (2008 Dec)

Publication Date: December 2008

Abstract: An unusual case of a heterotopic cervico-isthmic pregnancy after IVF treatment occurred in a 34-year-old woman. Transvaginal ultrasound-guided aspiration of the gestational sac for embryo reduction was safely used to manage the pregnancy and preserve the intrauterine fetus.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

75. Laparoscopic-guided suction curettage of a cornual ectopic pregnancy in a bicornuate uterus

Author(s): Larma J.D., Loveless M.B.

Citation: Journal of Gynecologic Surgery, December 2008, vol./is. 24/4(163-166), 1042-4067 (01 Dec 2008)

Publication Date: December 2008

Abstract: Background: Cornual ectopic pregnancies are implanted in the interstitial portion of the fallopian tube and, if ruptured, can cause potentially fatal hemorrhage. Traditional management is a cornual wedge resection of the cornual region of the uterus. Growing interest in conservative approaches to the management of cornual ectopic has resulted in several successful minimally invasive techniques. This is the first report of a conservatively treated cornual ectopic pregnancy in a patient with a bicornuate uterus. Case: A 29-year-old multiparous patient with a bicornuate uterus presented to Labor and Delivery triage with first-trimester vaginal bleeding. A cornual ectopic pregnancy was diagnosed by sonogram. Initially, the patient refused any surgery but agreed to a trial of methotrexate with inpatient observation. After 5 days, the ectopic pregnancy enlarged, and she then agreed to surgical management. Hysteroscopy was used to identify the ectopic in the left uterine horn. Under laparoscopic guidance, a suction curettage was performed with successful removal of the pregnancy. No bleeding was encountered, and the patient had an uncomplicated recovery.
Subsequently, the patient became pregnant with an intrauterine pregnancy and delivered full-term without complications. Conclusions: Conservative surgical techniques applied to the management of cornual ectopics offer management with less morbidity and a quicker recovery. Avoiding myometrial entry also allows the option for a trial of labor with future pregnancies. In selected patients, laparoscopic-guided suction curettage is useful and offers a less-invasive surgical option. Mary Ann Liebert, Inc. 2008.

**Source:** EMBASE

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**76. Case report: Conservative treatment of cervico-isthmic heterotopic pregnancy by fine needle aspiration for selective embryo reduction**

**Author(s):** Hsieh B.-C., Seow K.-M., Hwang J.-L., Lin Y.-H., Huang L.-W., Chen H.-J., Tzeng C.-R.

**Citation:** Reproductive BioMedicine Online, December 2008, vol./is. 17/6(803-805), 1472-6483 (December 2008)

**Publication Date:** December 2008

**Abstract:** An unusual case of a heterotopic cervico-isthmic pregnancy after IVF treatment occurred in a 34-year-old woman. Transvaginal ultrasound-guided aspiration of the gestational sac for embryo reduction was safely used to manage the pregnancy and preserve the intrauterine fetus. 2008 Published by Reproductive Healthcare Ltd.

**Source:** EMBASE

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Available in fulltext at [ULHT journal article requests. Complete the online form to obtain articles.](#)

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**77. Cervical ectopic pregnancy on the portio: conservative case management and clinical review.**

**Author(s):** Kraemer B, Abele H, Hahn M, Wallwiener D, Rajab TK, Hornung R

**Citation:** Fertility & Sterility, November 2008, vol./is. 90/5(2011.e1-4), 0015-0282;1556-5653 (2008 Nov)

**Publication Date:** November 2008

**Abstract:** OBJECTIVE: To present a case and management of an early ectopic pregnancy on the portio.DESIGN: Case study and literature review.SETTING: Hospital outpatient clinic.PATIENT(S): A 38-year-old woman who presented in the outpatient clinic with a 2-week history of painless acyclic vaginal bleeding.INTERVENTION(S): Excision of the ectopic pregnancy under local anesthesia after clinical examination, urine pregnancy test, and serum ss-hCG measurement.MAIN OUTCOME MEASURE(S): Conservative treatment options and preservation of patient's reproductive capacity.RESULT(S): Serum ss-hCG was raised. Complete excision of the ectopic lesion was performed without the need for administration of chemotherapeutic agents and curettage. Histology revealed fragments of the cervical wall with a layer of chorionic giant cells and one intact chorionic villi.CONCLUSION(S): Cervical pregnancy is a rare form of ectopic pregnancy. It can be associated with high morbidity and adverse consequences for future fertility, but spontaneous abortion is also possible. We present a case and successful management of an early ectopic pregnancy on the surface of the portio.

**Source:** MEDLINE

**Full Text:**
78. **Clinical application of interventional therapy for tubal pregnancy**

**Author(s):** Kong M.-X., Hao G., Li W., Hu Z.-H., Song J.

**Citation:** Chinese Journal of Interventional Imaging and Therapy, November 2008, vol./is. 5/6(453-456), 1672-8475 (10 Nov 2008)

**Publication Date:** November 2008

**Abstract:** Objective: To study the clinical value of transuterinal artery interventional therapy in tubal pregnancy and the indication of conservative treatment. Methods: Thirty cases with tubal pregnancy diagnosed by clinical methods and ultrasonography (US) were involved in the study. Among all the cases, the gestational sac of 12 cases located in the left fallopian tubes, those of 17 cases located in right fallopian tubes and one case was isthmus uteri scar pregnancy. By using Seldinger's method, 30 cases of tubal pregnancy received superselective angiography of uterine artery, followed by arterial perfusion of methotrexate (MTX) and 5-fluorouracil (5-Fu) through the catheter and embolization of uterine artery with gelfoam partial. The serum beta-HCG and size of ectopic pregnancy mass were regularly monitored postoperatively. Results: Uterine artery angiography showed enlarged uterine artery in all patients and vasculatrity pregnancy mass in 27 patients. Pregnant process stopped in 28 cases, success rate was 93.33%. The mean time of serum beta-HCG returning normal level was (16.5+/-.8.6) days and menstruation returned to normal level within (33.6+/-.9) days after operation. The failed 2 cases both operated and their serum level of beta-HCG was 9000 IU/L higher. The ovarian artery was appeared the feeding artery of gestational sac after angiography. Seven cases desiring pregnancy underwent hysterosalpingography (HSG) after 3 months, and none appeared obstructive finding. Conclusion: The treatment of tubal pregnancy by interventional technique can effectively stop pregnancy and control internal hemorrhage. It has been proven harmless to reproductive organs, and will expect to preserve fertility. Though it expands the indications of conservative treatment, the patients with high level of serum beta-HCG and pelvic operation are careful to choose this technique.

**Source:** EMBASE

**Full Text:** Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

79. **Cervical ectopic pregnancy: Successful treatment with methotrexate**

**Author(s):** Nasrolahi S.H., Pilevari S.H., Neghab N.

**Citation:** Pakistan Journal of Medical Sciences, October 2008, vol./is. 24/6(883-886), 1682-024X (October/December 2008)

**Publication Date:** October 2008

**Abstract:** The incidence of cervical ectopic pregnancy varies between 1/2400 to 1/50000 of pregnancies and less than one percent of ectopic pregnancies. Predisposing factors are previous abortion, Asherman syndrome previous caesarian, exposure to DES, leiomyoma IVF. Our patient was a thirty two year's old lady with menstruation problems for three months and positive Bhcg test and vaginal bleeding. According to physical exam and paraclinical procedures diagnosis of cervical ectopic pregnancy was made and multiple dose of methotrexate was given to the patient with successful outcome.

**Source:** EMBASE

**Full Text:** Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
80. Outcome prediction for treatment of tubal pregnancy using an intramuscular methotrexate protocol

Author(s): Min H.M., Young H.L., Kyung T.L., Jae H.Y., Seong H.P.

Citation: Journal of Ultrasound in Medicine, October 2008, vol./is. 27/10(1461-1467), 0278-4297 (01 Oct 2008)

Publication Date: October 2008

Abstract: Objective. The purpose of this study was to determine the outcome predictors of intramuscular methotrexate therapy for tubal pregnancy. Methods. This retrospective study was approved by our Institutional Review Board. Fifty-five consecutive women (mean age, 31 years; range, 18-45 years) who were treated with intramuscular methotrexate therapy for tubal pregnancy were retrospectively reviewed. Clinical data (maternal age, gestational age, and serum beta-human chorionic gonadotropin [beta-hCG] level) and transvaginal sonographic findings (size, gross appearance, presence of a gestational product or heartbeat, and amount of the fluid collection) were assessed as potential predictors of the treatment outcome. The Fisher exact test was used for categorical variables, and the Wilcoxon signed rank sum test was used for continuous variables. Treatment failure was defined as the need for surgical intervention. Results. Women with successful treatment differed from women with unsuccessful treatment with respect to the serum beta-hCG level, the gross appearance of tubal pregnancy, and the presence of a gestational product such as a yolk sac or embryo (P <.001; P = .01; and P = .008, respectively). All of the tubal pregnancies with a gestational product appeared as a tubal ring on transvaginal sonography. A high serum beta-hCG level of greater than 2390 mIU/mL and a transvaginal sonographic appearance of a tubal ring were the important predictors associated with failure of intramuscular methotrexate therapy for tubal pregnancy. Conclusions. Measurement of the serum beta-hCG level and evaluation of the transvaginal sonographic appearance of tubal pregnancy are helpful for predicting treatment outcomes in women who receive intramuscular methotrexate therapy for tubal pregnancy. 2008 by the American Institute of Ultrasound in Medicine.

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Soriano D, Vicus D, Mashiach R, Schiff E, Seidman D, Goldenberg M

Citation: Fertility & Sterility, September 2008, vol./is. 90/3(839-43), 0015-0282;1556-5653 (2008 Sep)

Publication Date: September 2008

Abstract: OBJECTIVE: To determine the outcome of laparoscopic management of cornual pregnancy.DESIGN: Retrospective cohort study (Canadian Task Force classification II-3).SETTING: A tertiary referral hospital in Israel.PATIENT(S): Twenty-seven consecutive women with cornual pregnancy who were diagnosed and treated at our institute.INTERVENTION(S): Laparoscopy was undertaken in 20 (74%) of the patients. Resection of the cornua and/or a Vicryl loop placement was performed. In 6 cases, laparoscopy was converted to laparotomy. In addition, laparotomy was performed in 2 other cases. Five cases were managed conservatively: 3 with systemic methotrexate (MTX) and leucovorin, 1 with transvaginal sonography-guided KCl injection to the amniotic sac, and 1 with hysteroscopic-guided MTX injection to the amniotic sac. Further treatment after surgery was required in 4 cases: transvaginal sonography-guided KCl injection, MTX or KCl + MTX (1 case each) injection to the amniotic sac, and systemic MTX injection.MAIN OUTCOME MEASURE(S): Successful laparoscopy, determined as not needing follow-up treatment.RESULT(S): The mean gestational age was 56 days. The
average and median serum hCG levels were 31,199 and 6,653 IU/mL, respectively. Six of the women (22%) were admitted in hypovolemic shock. Nine patients (33.3%) were asymptomatic upon admission, 14 (52%) had abdominal pain, and 8 (29.6%) were evaluated for vaginal bleeding. One woman developed hypovolemic shock after admission. Only 15 (55.6%) of the 27 pregnancies were diagnosed as a cornual pregnancy by transvaginal sonography before the therapeutic procedure. Blood transfusion was given in seven cases (26%) during surgery. The mean number of days of hospitalization was 5.7 days for patients who underwent surgery and was 7.1 days for all patients. A comparison was made between the first 11 and the last 11 cases treated surgically. Although the two groups were similar in all parameters, conversion from laparoscopy to laparotomy was higher in the first group, although not at a statistically significant level.

CONCLUSION(S): Improved laparoscopic technique, accumulated experience, and possibly earlier diagnosis have led to fewer operative failures or need to convert to laparotomy during treatment of cornual pregnancy. Conservative treatment, when possible, should be considered. If surgery is indicated, and as more laparoscopic skill is gained, laparoscopy should be considered the preferred method of treating cornual pregnancy. In experienced hands, laparoscopy is a safe and effective treatment for cornual pregnancy.

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82. Conservative management of cervical pregnancy. A case-report
Author(s): Ben Hamouda S, Ouerdiane N, Daaloul W, Masmoudi A, Bouguerra B, Sfar R
Citation: Tunisie Medicale, September 2008, vol./is. 86/9(827-9), 0041-4131;0041-4131
(2008 Sep)
Publication Date: September 2008
Abstract: BACKGROUND: cervical pregnancy is one of the rarest ectopic locations. It can be responsible of spontaneous haemorrhage enquiring hysterectomy. Ultrasonography technical improvements allow early diagnosis and conservative treatment. AIM: This study aims to report a new case of cervical pregnancy treated conservatively. CASE REPORT: patient with cervical pregnancy diagnosed on ultrasonography and treated by one dose systemic methotrexate requiring a second injection because of no decreasing of serum beta human chorionic gonadotrophin level leading to expulsion of the pregnancy one month later. CONCLUSION: methotrexate is the standard treatment of early diagnosed cervical pregnancy. When haemorrhage occurs, many therapeutic methods allow conservative treatment in order to preserve fertility.

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Author(s): Hamouda S.B., Ouerdiane N., Daaloul W., Masmoudi A., Bouguerra B., Sfar R
Citation: Tunisie Medicale, September 2008, vol./is. 86/9(827-829), 0041-4131
(September 2008)
Publication Date: September 2008
Abstract: Background: cervical pregnancy is one of the rarest ectopic locations. It can be responsible of spontaneous haemorrhage enquiring hysterectomy. Ultrasonography technical improvements allow early diagnosis and conservative treatment. Aim: This study aims to report a new case of cervical pregnancy treated conservatively. Case report: patient with cervical pregnancy diagnosed on ultrasonography and treated by one dose
systemic methotrexate requiring a second injection because of no decreasing of serum beta human chorionic gonadotrophin level leading to expulsion of the pregnancy one month later. Conclusion: methotrexate is the standard treatment of early diagnosed cervical pregnancy. When haemorrhage occurs, many therapeutic methods allow conservative treatment in order to preserve fertility.

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84. Ovarian ectopic pregnancy after ICSI-ET: a case report and literature review.

Author(s): Dursun P, Gultekin M, Zeyneloglu HB

Citation: Archives of Gynecology & Obstetrics, August 2008, vol./is. 278/2(191-3), 0932-0067;0932-0067 (2008 Aug)

Publication Date: August 2008

Abstract: INTRODUCTION: Primary ovarian ectopic pregnancy (OEP) is one of the rarest form of extratubal pregnancies and its pathophysiological mechanism is not fully understood. On the other hand, OEP after intra-cytoplasmic sperm injection with embryo transfer (ICSI-ET) is even more rare and just a few cases have been reported in literature. MATERIALS AND METHODS: A case with OEP after ICSI-ET presented and managed by conservative laparoscopic approach. Also, literature associated with OEP after ICSI-ET have been summarized. Pubmed search using “Ovarian ectopic pregnancy” and “ICSI-ET” keywords revealed four similar case in the literature. CONCLUSION: Underlying pathophysiological mechanism of OEP after ICSI-ET is unclear. Indeed, gynecologists should be aware about the development of the OEP after ICSI-ET. Early diagnosis will give the opportunity to use conservative managements for these infertile patients.

Source: MEDLINE

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Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

85. Ectopic pregnancy after successful treatment with percutaneous trans catheter uterine arterial embolization for congenital uterine arteriovenous malformation: a case report.

Author(s): Nasu K, Nishida M, Yoshimatsu J, Narahara H

Citation: Archives of Gynecology & Obstetrics, August 2008, vol./is. 278/2(171-2), 0932-0067;0932-0067 (2008 Aug)

Publication Date: August 2008

Abstract: INTRODUCTION: Uterine arteriovenous malformation (AVM) is a rare disease. Percutaneous trans catheter uterine arterial embolization (UAE) has been performed in patients who wish to preserve their ability to conceive. UAE is considered to be a safe and effective procedure, but its long-term effect on fertility has not been fully elucidated. We present a case of ectopic tubal pregnancy after conservative treatment with UAE for uterine AVM. CASE: A 30-year-old Japanese woman was admitted for the treatment of unruptured right tubal pregnancy at 6 weeks of gestation. She had conceived spontaneously and delivered a healthy baby at term, 3 years previously. Subsequently, she was successfully treated with UAE for a large congenital uterine AVM. Transvaginal color Doppler ultrasonography revealed no evidence of residual AVM vessels. After the diagnosis of ectopic pregnancy, the patient underwent right tubectomy. At laparotomy, there were no adhesions or structural anomalies in the pelvic cavity that might affect tubal
function. The patient's postoperative course was uneventful, and she is now healthy without conception 24 months after surgery. CONCLUSION: Prior uterine arterial embolization may have affected the tubal function in the present case, allowing tubal pregnancy to occur.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

86. Cervical ectopic pregnancy after endometrial ablation: a case report.

Author(s): Giarenis I, Shenoy J, Morris E

Citation: Archives of Gynecology & Obstetrics, June 2008, vol./is. 277/6(567-9), 0932-0067;0932-0067 (2008 Jun)

Publication Date: June 2008

Abstract: CASE REPORT: A 44-year-old woman, with prior endometrial ablation, complaining of heavy vaginal bleeding was diagnosed with cervical ectopic pregnancy. Two doses of intramuscular methotrexate were administered as conservative treatment of the cervical pregnancy. Close follow-up in a dedicated early pregnancy unit allowed successful management on an outpatient basis. CONCLUSION: The urine pregnancy test maintains a crucial role in the investigation of abnormal vaginal bleeding in a sexually active patient. Conservative management of a cervical pregnancy can reduce the potential morbidity and mortality associated with the surgical treatment option.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Kayem G, Deis S, Estrade S, Haddad B

Citation: Fertility & Sterility, June 2008, vol./is. 89/6(1826.e13-5), 0015-0282;1556-5653 (2008 Jun)

Publication Date: June 2008

Abstract: OBJECTIVE: To describe a rare case of a cervico-isthmic pregnancy with anterior placenta percreta that was treated at 34 weeks of gestation by removing the placenta and the attached uterine wall in one piece.DESIGN: Case report.SETTING: Tertiary university hospital.PATIENT(S): A 32-year-old woman was diagnosed with a cervico-isthmic pregnancy and an anterior placenta percreta at 34 weeks' gestation at delivery by a cesarean section.INTERVENTION(S): Delivery of the neonate was performed by a uterine incision beyond the limits of the placenta. Thereafter, the placenta and the attached uterine wall were removed step by step by ligature section.MAIN OUTCOME MEASURE(S): Intraprocedural or postprocedural complications and fertility preservation.RESULT(S): The delivery was successfully performed without intraprocedural or postprocedural complications and with preservation of the patient's fertility. A successful pregnancy was conducted 1 year later.CONCLUSION(S): In case of cervico-isthmic pregnancy with anterior placenta percreta, resection in one block of the placenta and the attached uterine wall may be an option for preserving fertility.

Source: MEDLINE
Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

88. Diagnosis and treatment of cesarean scar pregnancy
Author(s): Jiao LZ, Zhao J, Wan XR, Liu XY, Feng FZ, Ren T, Xiang Y
Citation: Chinese Medical Sciences Journal, March 2008, vol./is. 23/1(10-5), 1001-9294;1001-9294 (2008 Mar)
Publication Date: March 2008
Abstract: OBJECTIVE: To investigate the early diagnosis and treatment of cesarean scar pregnancy (CSP).METHODS: Clinical data of 28 patients with CSP in Peking Union Medical College Hospital from January 1994 to April 2007, including age, interval from the last cesarean delivery to diagnosis, clinical presentation, location of the lesion, process of diagnosis and treatment, outcome, and follow-up, were retrospectively analyzed.RESULTS: CSP constituted 1.05% of all ectopic pregnancies, and the ratio of CSP to pregnancy was 1:1221. The mean age of the group was 31.4 years. Twenty-six women had only one prior cesarean delivery. The interval from the last cesarean delivery to diagnosis ranged from 4 months to 15 years. The most common presenting symptoms of CSP were amenorrhoea and vaginal bleeding. Seventeen cases were misdiagnosed as early intrauterine pregnancies and 2 were misdiagnosed as gestational trophoblastic tumor. The other 9 were diagnosed definitely before treatment. The diagnosis was made based on cesarean delivery history, gynecologic examination, ultrasound, and magnetic resonance imaging (MRI). The treatment of CSP included systemic or local methotrexate administration, conservative surgery, and hysterectomy. The conservative treatment was successful in 24 cases. All of the 28 women were cured through individual therapies.CONCLUSIONS: CSP is rare and usually misdiagnosed as other diseases. Ultrasound is valuable for diagnosing CSP, and MRI can be used as an adjunct to ultrasound scan. Early diagnosis offers the options of conservative treatment and greatly improves the outcome of patients. Individual therapy is strongly recommended.
Source: MEDLINE
Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

89. Diagnosis and treatment of cesarean scar pregnancy
Citation: Chinese Medical Sciences Journal, March 2008, vol./is. 23/1(10-15), 1001-9294 (March 2008)
Publication Date: March 2008
Abstract: Objective: To investigate the early diagnosis and treatment of cesarean scar pregnancy (CSP). Methods: Clinical data of 28 patients with CSP in Peking Union Medical College Hospital from January 1994 to April 2007, including age, interval from the last cesarean delivery to diagnosis, clinical presentation, location of the lesion, process of diagnosis and treatment, outcome, and follow-up, were retrospectively analyzed. Results: CSP constituted 1.05% of all ectopic pregnancies, and the ratio of CSP to pregnancy was 1:1221. The mean age of the group was 31.4 years. Twenty-six women had only one prior cesarean delivery. The interval from the last cesarean delivery to diagnosis ranged from 4 months to 15 years. The most common presenting symptoms of CSP were amenorrhoea and vaginal bleeding. Seventeen cases were misdiagnosed as early intrauterine pregnancies and 2 were misdiagnosed as gestational trophoblastic tumor. The other 9 were diagnosed definitely before treatment. The diagnosis was made based on cesarean delivery history, gynecologic examination, ultrasound, and magnetic resonance imaging (MRI). The treatment of CSP included systemic or local methotrexate administration,
conservative surgery, and hysterectomy. The conservative treatment was successful in 24 cases. All of the 28 women were cured through individual therapies. Conclusions: CSP is rare and usually misdiagnosed as other diseases. Ultrasound is valuable for diagnosing CSP, and MRI can be used as an adjunct to ultrasound scan. Early diagnosis offers the options of conservative treatment and greatly improves the outcome of patients. Individual therapy is strongly recommended.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

90. Uterine artery embolization followed by dilation and curettage for cervical pregnancy.

Author(s): Nakao Y, Yokoyama M, Iwasaka T

Citation: Obstetrics & Gynecology, February 2008, vol./is. 111/2 Pt 2(505-7), 0029-7844;0029-7844 (2008 Feb)

Publication Date: February 2008

Abstract: BACKGROUND: Cervical pregnancy can be a life-threatening condition due to the risk of severe hemorrhage. Progression of ultrasonographic diagnostic technology has allowed the early detection of cervical pregnancy. However, a standard treatment protocol for fertility preservation has not yet been established.CASE: Two women with cervical pregnancy presented with cardiac activity at 6 and 7 weeks of gestation. They were treated with transfemoral uterine artery embolization followed by dilation and curettage with minimal bleeding. One patient gave birth to a healthy neonate 20 months after the procedure.CONCLUSION: Early cervical pregnancies were treated with dilation and curettage after uterine artery embolization. This treatment can be considered as conservative management for patients who desire to preserve their fertility.

Source: MEDLINE

Full Text:
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection.

91. A combined intrauterine and cervical pregnancy diagnosed in the 13th gestational week: which type of management is more feasible and successful?.

Author(s): Fruscalzo A, Mai M, Lobbeke K, Marchesoni D, Klockenbusch W

Citation: Fertility & Sterility, February 2008, vol./is. 89/2(456.e13-6), 0015-0282;1556-5653 (2008 Feb)

Publication Date: February 2008

Abstract: OBJECTIVE: To present a case of a simultaneous nonviable cervical pregnancy and viable intrauterine pregnancy diagnosed in the 13th gestational week and to discuss the possible therapeutic options.DESIGN: Case report.SETTING: University hospital of Munster, Germany.PATIENT(S): A 40-year-old woman who had undergone IVF-embryo transfer because of previous surgical sterilization.INTERVENTION(S): Hospitalization with observation, expecting spontaneous expulsion of the nonviable cervical pregnancy.MAIN OUTCOME MEASURE(S): Intrauterine pregnancy preservation; maternal morbidity and mortality.RESULT(S): Three weeks after diagnosis, the expulsion of a nonviable cervical pregnancy occurred. It was accompanied by pronounced cervical hemorrhage, conservatively managed with cervical curettage and stitches under general anesthesia. Unfortunately, a few hours later, spontaneous abortion of the intrauterine pregnancy occurred. Blood transfusion was postoperatively avoided, although pronounced anemia was detected (7.3 g/dL). The patient was than discharged 3 days later.CONCLUSION(S): Combined intrauterine and cervical pregnancy is a remote but possible event, particularly after assisted reproductive technology (ART) procedures. Its management should be
carefully evaluated, according to the clinical situation and patient's desire. In case of nonviable cervical pregnancy, if a noninterventional approach is chosen, and especially when gestational age is advanced, hospitalization should be recommended in an attempt to prevent possible critical hemorrhagic complications due to cervical pregnancy expulsion.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Corticelli A, Grimaldi M, Caporale E

Citation: Clinical & Experimental Obstetrics & Gynecology, 2008, vol./is. 35/4(297-8), 0390-6663;0390-6663 (2008)

Publication Date: 2008

Abstract: PURPOSE OF INVESTIGATION: The aim of the study is to describe the management of a case of cervical ectopic pregnancy at six weeks.CASE: A 34-year-old patient presented with six weeks of amenorrhea and a cervical pregnancy diagnosed by transvaginal ultrasound. Obstetrical anamnesis showed previous cesarean section and celiac disease as medical complications. At six weeks and one day 50 mg intramuscular methotrexate (MTX) was started and repeated three days later. At six weeks + six days the patient had vaginal bleeding so she was submitted to an emergency surgical procedure consisting of dilatation and curettage followed by a Foley balloon tamponade, which was gradually deflated and removed after two days.CONCLUSION: Early diagnosis and an appropriate MTX regimen in combination with adjuvant conservative procedures allow successful treatment of a cervical pregnancy, preserving the uterus and future reproductive outcome. However further studies are needed to define the best approach for management of cervical pregnancy.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Crespo R, Campillos JM, Villacampa A, Madani B, Navarro R, Tobajas JJ

Citation: Clinical & Experimental Obstetrics & Gynecology, 2008, vol./is. 35/4(289-90), 0390-6663;0390-6663 (2008)

Publication Date: 2008

Abstract: Abdominal pregnancy is a rare localization of ectopic pregnancy. Early diagnosis and treatment are advised and the choice of treatment is crucial. A successful case of conservative treatment with combined systemic and intra-amniotic methotrexate is presented. This treatment option should be considered in the management of this potentially life-threatening condition.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Author(s): Ilybozkurt AC, Topuz S, Gungor F, Kalelioglu IH, Cigerli E, Akhan SE

Citation: Clinical & Experimental Obstetrics & Gynecology, 2008, vol./is. 35/1(73-5), 0390-6663;0390-6663 (2008)

Publication Date: 2008

Abstract: PURPOSE OF INVESTIGATION: Pregnancy implanted in a cesarean scar is rare, and is a life-threatening condition due to high risk of uterine rupture, hemorrhage, hysterectomy, and maternal mortality. CASE REPORT: We describe a 26-year-old woman who presented with five weeks of amenorrhea and a serum hCG level of 10,440 mIU/ml. Transvaginal sonography revealed a gestational sac of 15 x 11 mm containing a yolk sac located in a previous cesarean scar. She was successfully treated conservatively with multi-dose methotrexate. No side-effects were encountered. The serum hCG levels were undetectable in 58 days. The patient had normal menstrual cycles afterwards. CONCLUSIONS: In the view of increasing cesarean rates, healthcare professionals should be aware of the possibility of a scar pregnancy and the potentially life threatening sequelae. Early diagnosis by transvaginal sonography can improve outcome and minimize the need for emergent surgery. Conservative treatment with systemic methotrexate is an effective option in selected patients.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

95. Conservative treatment of an early ectopic pregnancy in a cesarean scar with systemic methotrexate - Case report

Author(s): Ilybozkurt A.C., Topuz S., Gungor F., Kalelioglu I.H., Cigerli E., Akhan S.E.

Citation: Clinical and Experimental Obstetrics and Gynecology, 2008, vol./is. 35/1(73-75), 0390-6663 (2008)

Publication Date: 2008

Abstract: Purpose of investigation: Pregnancy implanted in a cesarean scar is rare, and is a life-threatening condition due to high risk of uterine rupture, hemorrhage, hysterectomy, and maternal mortality. Case report: We describe a 26-year-old woman who presented with five weeks of amenorrhea and a serum hCG level of 10,440 mIU/ml. Transvaginal sonography revealed a gestational sac of 15 x 11 mm containing a yolk sac located in a previous cesarean scar. She was successfully treated conservatively with multi-dose methotrexate. No side-effects were encountered. The serum hCG levels were undetectable in 58 days. The patient had normal menstrual cycles afterwards. Conclusions: In the view of increasing cesarean rates, healthcare professionals should be aware of the possibility of a scar pregnancy and the potentially life threatening sequelae. Early diagnosis by transvaginal sonography can improve outcome and minimize the need for emergent surgery. Conservative treatment with systemic methotrexate is an effective option in selected patients.

Source: EMBASE

Full Text:
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96. The effect of the ultrasonographically determined tubal implantation site in ectopic pregnancy on the success of methotrexate treatment and subsequent reproductive outcome
Abstract: Objective: To study the prognostic significance of tubal implantation site on success of methotrexate (MTX) treatment and reproductive outcome in ectopic pregnancies (EP). Materials and Methods: Localization of ectopic pregnancies were determined and recorded by ultrasonography. Ninety-eight tubal EP cases meeting the conditions of haemodynamic stability and absence of fetal cardiac activity, were administered MTX (50 mg/m² intramuscularly). Main outcome measurements were as follows; positive result with methotrexate was regarded as decreasing beta-hCG titer in blood until it was zero. The necessity of any invasive intervention was considered as failed MTX therapy. Recurrent EP and intrauterine pregnancy rate was recorded in patients who desired to become pregnant within one year after treatment for EP. Results: Efficacy of MTX treatment was found to be 82.3%. It was successful in 91.6% of periampullar EP, but the success rate was 28.5% in periisthmic EP (p<0.01). Periisthmic EP was found to be a poor prognostic factor for the success of MTX treatment (OR: 27.5; 95% CI: 6.8-110.8; p<0.001). Fifty-nine patients desired pregnancy within one year after termination of EP. Although the overall cumulative pregnancy rates were similar, the rate of intrauterine pregnancy was significantly lower in periisthmic EP (25%) than in periampullar EP (87%) cases. Discussion: Ultrasonographically determined implantation site of tubal EP is a significant factor affecting success with MTX and the subsequent reproductive outcome.
Abstract: We present a case of Cesarean scar ectopic pregnancy, complicated by the persistence of clinical symptoms despite a rapid and complete biochemical response to a single systemic injection of methotrexate. A 34-year-old woman with three previous Cesarean sections was diagnosed with a Cesarean scar ectopic pregnancy following in-vitro fertilization treatment. The diagnosis was suggested by three-dimensional (3D) ultrasound scan and confirmed with magnetic resonance imaging (MRI). Management involved administration of a single systemic injection of methotrexate and follow-up with serial ultrasound assessments and serum beta-human chorionic gonadotropin (beta-hCG) measurements. The main challenge was the persistence of clinical symptoms despite adequate medical treatment, as judged by complete resolution of biochemical trophoblastic activity, which resulted in repeated admissions to the hospital. Serial transvaginal ultrasound scans showed an initial increase in the size of the mass, which led to increasing anxiety in the couple. Eventually, 15 weeks after the administration of methotrexate, the couple requested surgical intervention. An uneventful surgical resection of the abnormal area, which showed appearances suggestive of trophoblastic tissue, was undertaken to good effect. In summary, despite a rapid normalization of serum beta-hCG following the administration of methotrexate, the patient remained symptomatic and had ultrasound appearances suggestive of incomplete resorption of trophoblast, necessitating surgical intervention.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
100. Successful management of cervical pregnancy with medical intervention only: a case report.

Author(s): Emmi AM, Devoe LD, Chudgar DB, Holsten E, Layman LC

Citation: Journal of Reproductive Medicine, October 2007, vol./is. 52/10(950-2), 0024-7758;0024-7758 (2007 Oct)

Publication Date: October 2007

Abstract: BACKGROUND: Cervical pregnancies are a rare form of ectopic pregnancy. They frequently present with hemorrhage and require hysterectomy to control bleeding. Their incidence may be higher with in vitro fertilization than previously considered. Since future fertility is desired in these patients, conservative management is frequently attempted. Increased early surveillance leads to earlier diagnosis and intervention. Most case reports to date indicated treating with either medical and surgical intervention or surgical intervention. CASE: A 36-year-old woman presented with recurrent pregnancy loss and tubal disease. In vitro fertilization was recommended. Embryo transfer resulted in a cervical pregnancy. She experienced painless vaginal bleeding shortly after her positive pregnancy test. A cervical pregnancy was diagnosed by early ultrasound. The patient underwent successful medical management and complete resolution with methotrexate alone. CONCLUSION: Cervical pregnancy, when diagnosed early, can be successfully treated with medical therapy.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Pascual MA, Hereter L, Graupera B, Tresserra F, Fernandez-Cid M, Simon M

Citation: Fertility & Sterility, September 2007, vol./is. 88/3(706.e5-7), 0015-0282;1556-5653 (2007 Sep)

Publication Date: September 2007

Abstract: OBJECTIVE: To describe three-dimensional ultrasonographic features of an ectopic pregnancy in a cesarean scar. DESIGN: Description of a case. SETTING: Case report of one patient. PATIENT(S): A 38-year-old women with three previous cesarean deliveries. INTERVENTION(S): Three-dimensional ultrasonography was performed for diagnosis and treatment. MAIN OUTCOME MEASURE(S): Local administration of methotrexate under ultrasonographic guidance. RESULT(S): Ultrasonographic study revealed a gestational sac in the anterior wall of the uterine isthmus with peritrophoblastic flow. It was treated conservatively and successfully with local methotrexate administration under ultrasonographic guidance. CONCLUSION(S): The early diagnosis of ectopic cesarean scar pregnancy allows the conservative treatment with local administration of methotrexate under ultrasonographic guidance.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Forleo F, Bifulco G, Di Serio M, Itto MR, Forleo M, Laurelli G

Citation: Minerva Ginecologica, August 2007, vol./is. 59/4(471-2), 0026-4784;0026-4784 (2007 Aug)

Publication Date: August 2007
103. Diagnosis and management of ectopic pregnancy using bedside transvaginal ultrasonography in the ED: a 2-year experience

Author(s): Adhikari S., Blaivas M., Lyon M.

Citation: American Journal of Emergency Medicine, July 2007, vol./is. 25/6(591-596), 0735-6757 (July 2007)

Publication Date: July 2007

Abstract: Objectives: The objective of this study was to describe diagnosis and management of ectopic pregnancy using bedside transvaginal ultrasound (US) in an established emergency US program. Methods: This was a retrospective study on patients presenting over a 2-year period performed at a level I urban academic emergency department (ED). The ED sees 78 000 patients annually and has a residency and active US program. Patients were eligible for inclusion if they were pregnant, seen in the ED for a first-trimester complication, and underwent a bedside emergency US suggesting an ectopic pregnancy. Emergency department US logs were reviewed for findings suggestive of ectopic pregnancy. Medical records were reviewed for history, physical examination findings, laboratory results, additional diagnostic testing, management, hospital course, and a discharge diagnosis by the admitting obstetric service (OB). Patients with incomplete data were excluded from analysis. Statistical analysis consisted of descriptive statistics.

Results: Seventy-four patients ranging in age from 16 to 39 years (mean, 25 years) were included in the study. Eight patients with incomplete data were excluded from analysis. Emergency-physician US diagnoses included definite ectopic pregnancy (6/74), probable ectopic pregnancy (28/74), and possible ectopic pregnancy (40/74). Forty-seven (64%) of these patients were eventually diagnosed with definite ectopic pregnancy by the OB. During initial consultation, the OB disagreed with the diagnosis of ectopic pregnancy in 15 (32%) of the 47 eventual patients with ectopic pregnancy, calling them miscarriages. Other eventual diagnoses included 9 (12%) patients with possible ectopic pregnancy, 11 (14%) patients with miscarriage, and 7 (9%) with intrauterine pregnancy. Emergency sonologists found tubal rings in 9 (19%) patients with eventual ectopic pregnancy, complex adnexal mass in 29 (61%) patients, and a large amount of echogenic fluid in the cul-de-sac in 10 (21%) patients. Six (13%) patients had live ectopic pregnancy. The OB ordered a radiology US in 10 cases but did not change the diagnosis or management. beta-Human chorionic gonadotropin (beta-hCG) levels ranged from 41 to 59 846 mIU/mL (mean, 4602 mIU/mL), but for live ectopic pregnancy, the range was 2118 to 59 846 mIU/mL (mean, 36 341 mIU/mL). Seventeen (36%) patients had beta-hCG levels of lower than 1000 mIU/mL. Of 47 eventual ectopic pregnancies, 29 (62%) patients underwent operative intervention, 17 (36%) patients received methotrexate, and 1 patient left against medical advice. Five (11%) of these patients with definite ectopic pregnancy were initially managed by emergency physicians with follow-up ED visits and serial US examinations without OB consultation. Conclusion: Our study demonstrates that with increased experience, emergency sonologists can accurately diagnose ectopic pregnancy. Furthermore, patients at risk for ectopic pregnancy should not be denied US examinations if their beta-hCG levels fall below an arbitrary discriminatory zone. 2007 Elsevier Inc. All rights reserved.

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Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Vela G, Tulandi T

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
STUDY OBJECTIVE: To report the evolution and outcome of 12 cases of cervical pregnancy.

DESIGN: Retrospective study (Canadian Task Force classification II-3).

SETTING: University teaching hospitals.

PATIENTS: Twelve women with cervical pregnancy.

INTERVENTIONS: Methotrexate, uterine artery embolization, curettage, ligation of the descending branch of uterine vessels, or hysterectomy.

MEASUREMENTS AND MAIN RESULTS: The main outcome measure was success of conservative management. From January 1985 through December 2005, we encountered 12 cases of cervical pregnancy. The final diagnosis was established by ultrasound, operative findings, and histopathology. We obtained information from the medical records of the patients regarding when and how the diagnosis was made, the characteristics of the pregnancy, and treatment modalities. The prevalence of cervical pregnancy was 1:10,000 deliveries. The patients' history revealed previous curettage in 6 (50%) and cesarean delivery in 2 others (16.7%). Four patients (33.3%) initially not diagnosed to have cervical pregnancy required a hysterectomy. Initial diagnosis of cervical pregnancy was correct in 5 patients. They were treated with methotrexate, uterine artery embolization, curettage, or ligation of the descending branch of uterine vessels. None of these patients required blood transfusion or hysterectomy.

CONCLUSION: The success of conservative treatment for cervical pregnancy depends on the diagnostic accuracy of the initial ultrasound. Correct diagnosis would reduce the chance of hysterectomy or blood transfusion.

Source: MEDLINE

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Ferrara L, Belogolovkin V, Gandhi M, Litton C, Jacobs A, Saltzman D, Rebarber A

Citation: Journal of Ultrasound in Medicine, July 2007, vol./is. 26/7(959-65), 0278-4297;0278-4297 (2007 Jul)

Publication Date: July 2007

Abstract: OBJECTIVE: The purpose of this study was to describe the successful management of a recurrent cervical pregnancy with local injection and to review similarly treated cases to determine adverse outcomes. METHODS: A case of a recurrent cervical pregnancy treated with transvaginal local injection was reported. A MEDLINE English language search identified 90 cases of cervical pregnancy treated with local therapy. This literature was analyzed with regard to the various demographic and outcome variables described. RESULTS: Successful use of the transvaginal local approach is described. A review of cases identified a mean maternal age of 33.6 years with a mean gestational age at diagnosis of 7.5 weeks. Bleeding was the most common presenting sign (79%). The mean beta-human chorionic gonadotropin level at the time of diagnosis was 27,798 IU with an average time to resolution of 7.5 weeks. The most common risk factor was a history of curettage (69%), followed by previous cesarean delivery (35%). An additional dose of methotrexate was needed in 6% of cases. Bleeding requiring alternate procedures was present in 5% of cases. There were no complications in 81% of cases. The need for transfusion and development of infection were seen in 3% of cases each. There was 1 case (1.1%) requiring hysterectomy, and no maternal deaths were reported. CONCLUSIONS: Conservative management of cervical pregnancy using local injection has been reported to have a low complication rate and a high efficacy for cure.

Source: MEDLINE

Full Text:
106. Cervical ectopic pregnancy: Surgical or medical treatment?

Author(s): Jaeger C., Hauser N., Gallinat R., Kreienberg R., Sauer G., Terinde R.

Citation: Gynecological Surgery, June 2007, vol./is. 4/2(117-121), 1613-2076;1613-2084 (June 2007)

Publication Date: June 2007

Abstract: Cervical pregnancies are one of the rarest forms of ectopic gestations. The incidence of cervical ectopic pregnancies ranges between 1 in 1,000 to 95,000 gestations (Parente et al., Obstet Gynecol 62:79-82, 1983). Prior surgical trauma, including dilatation and curettage of the cervix, has been identified as one of the leading risk factors (Pisarska et al., Lancet 351:1115-1120, 1998; Yankowitz et al., Obstet Gynecol Surv 45:405-414, 1990). Cervical ectopic pregnancies are especially feared due to their associated life-threatening hemorrhage. Therefore, massive blood transfusions and emergency hysterectomy have often been required previously. Nevertheless, general guidelines for clinical management are lacking. In case reports medical and surgical treatment modalities are described. Overall, conservative management of an asymptomatic cervical ectopic pregnancy using methotrexate or potassium chloride seems to be superior to surgical intervention. The treatment of choice in patients suffering from symptomatic cervical ectopic pregnancy is still under discussion. In the case reported here, a combination of surgical and medical treatment conserving the patient's childbearing capacity was successfully implemented. However, severe hemorrhage occurred and consecutive blood transfusions were urgently necessary. Emergency hysterectomy could be avoided. 2006 Springer-Verlag.

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Fu J, Henne MB, Blumstein S, Lathi RB

Citation: Journal of Reproductive Medicine, June 2007, vol./is. 52/6(541-2), 0024-7758;0024-7758 (2007 Jun)

Publication Date: June 2007

Abstract: BACKGROUND: Several studies have demonstrated that 25-77% of ectopic pregnancies spontaneously resolve with expectant management. However, expectant management is controversial and should be considered only for patients with small, unruptured gestational sacs, low beta-human chorionic gonadotropin (beta-hCG) levels and absence of symptoms. There is no consensus on how long to follow such patients. CASES: Two patients with beta-hCG levels < 10 mIU/mL presented with ruptured ectopic pregnancy and hemoperitoneum. CONCLUSION: While expectant management of a suspected ectopic pregnancy may allow spontaneous resolution of such an ectopic pregnancy, rupture may occur at any time and even with extremely low beta-hCG levels. Patients need to be counseled about the risks of rupture and symptoms, immediate action should be taken if symptoms develop, and serum beta-hCG levels should be followed to zero.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
OBJECTIVE: To describe our experience with sonographically guided injection of methotrexate and potassium chloride (KCl) to treat early cervical pregnancy.

METHODS: We prospectively reviewed all cases of cervical pregnancies treated conservatively through transvaginal ultrasound-guided therapy at our institutions. Thirty-eight cases were identified, from 1993 through 2004. All cases were managed with transvaginal intra-amniotic and intrachorionic injection of 50 mg of methotrexate under ultrasound guidance. An additional intracardiac fetal injection of 2 mL KCl was given for those cervical pregnancies with documented cardiac activity. Follow-up sonographic examinations and serum beta-hCG measurements were performed twice weekly for 2 weeks after the procedure, then weekly. RESULTS: The mean initial beta-hCG level was 38,948 milli-International Units/mL and ranged from 5,608 to 103,256 milli-International Units/mL for 22 cases with fetal heart activity and from 2,765 to 18,648 milli-International Units/mL for 16 cases without. Gestational age ranged from 5.4 to 14 weeks (mean 8.8 weeks). All cervical pregnancies were successfully aborted, with an average resolution of the cervical mass in 49 days. Postoperative beta-hCG declined to less than 5 milli-International Units/mL within a mean of 38 days. A mean 4.5-year follow-up showed that, of 21 patients who desired pregnancy, 18 had achieved subsequent successful pregnancies. CONCLUSION: Cervical pregnancies can be successfully managed without surgical intervention through local injection of methotrexate and KCl. This treatment not only ablates the ectopic pregnancy but also preserves the uterus for subsequent pregnancies. 2007 The American College of Obstetricians and Gynecologists.

Source: EMBASE

Full Text: Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection
injection of methotrexate and KCl. This treatment not only ablates the ectopic pregnancy but also preserves the uterus for subsequent pregnancies.

**Source:** MEDLINE

**Full Text:**
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection.

110. **Care pathways for ectopic pregnancy: a population-based cost-effectiveness analysis.**

**Author(s):** Seror V, Gelfucci F, Gerbaud L, Pouly JL, Fernandez H, Job-Spira N, Bouyer J, Coste J

**Citation:** Fertility & Sterility, April 2007, vol./is. 87/4(737-48), 0015-0282;1556-5653 (2007 Apr)

**Publication Date:** April 2007

**Abstract:** OBJECTIVE: To define care pathways in terms of frequency, costs, and outcomes and to assess their cost-effectiveness. DESIGN: Population-based cost-effectiveness study. SETTING: Auvergne EP registry (France). PATIENT(S): Women (n = 1,664) registered between 1994 and 2003. INTERVENTION(S): Standard diagnosis and treatment of EP. MAIN OUTCOME MEASURE(S): Costs before, during, and after hospitalization were assessed from data concerning medical costs of examinations and treatments. One-year fertility was used for effectiveness assessment. We assessed cost-effectiveness for the healthcare system. RESULT(S): Diagnostic ultrasound (47% of scans were nondiagnostic) was essential for the use of methotrexate as a first-line treatment for subacute EP. Hospital and ambulatory care costs were similar for all surgical-care pathways (diagnostic or nondiagnostic ultrasound scan followed by conservative or radical laparoscopy). Hospital and ambulatory-care costs associated with methotrexate treatment were less than half those for surgical-care pathways. In subacute cases, conservative treatments, and methotrexate in particular, were associated with better fertility at similar or lower cost to salpingectomy for EP for reproductive failure. CONCLUSION(S): Conservative treatments are cost-effective with respect to salpingectomy, when subsequent fertility is at stake. Efforts should be made to increase the frequency of diagnostic ultrasound scans, making it possible to increase methotrexate use and cost-effectiveness.

**Source:** MEDLINE

**Full Text:**
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

111. **Ectopic pregnancy.**

**Author(s):** Walker JJ

**Citation:** Clinical Obstetrics & Gynecology, 01 March 2007, vol./is. 50/1(89-99), 00099201

**Publication Date:** 01 March 2007

**Abstract:** Ectopic pregnancy is a major gynecologic emergency, which results in significant morbidity for the mother and inevitable loss of the pregnancy. Its presentation can be varied from minor symptoms to sudden collapse. It produces a diagnostic dilemma and a management problem. With advances in medical care, most women survive ectopic pregnancy and many will be diagnosed early enough to allow conservative management with the resulting lower morbidity and possible anatomic conservation. This article covers what is currently known about the etiology of this condition, the best approach to the diagnoses and management and the long-term consequences for the women concerned.

**Source:** CINAHL

**Full Text:**
112. Cervical heterotopic pregnancy after assisted reproductive technology successfully treated with only simple embryo aspiration: A case report

Author(s): Cho J.-H., Kwon H., Lee K.-W., Han W.-B.

Citation: Journal of Reproductive Medicine for the Obstetrician and Gynecologist, March 2007, vol./is. 52/3(250-252), 0024-7758 (March 2007)

Publication Date: March 2007

Abstract: BACKGROUND: The etiology of cervical heterotopic pregnancy is unknown, but most are associated with assisted reproductive techniques. Various types of conservative management to save the intrauterine pregnancy have been attempted. CASE: A 35-year-old woman conceived after in vitro fertilization/embryo transfer for primary male factor infertility. At 7 3/7 weeks of gestation, only the embryo was aspirated without fluid. Delivery of a healthy infant at 35 weeks was successful. CONCLUSION: Simple embryo aspiration under transvaginal ultrasonography guidance can be used in cervical heterotopic pregnancy. Journal of Reproductive Medicine, Inc.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

113. Conservative management of second-trimester cervical ectopic pregnancy with placenta percreta.

Author(s): Verma U, Maggiorotto F

Citation: Fertility & Sterility, March 2007, vol./is. 87/3(697.e13-6), 0015-0282;1556-5653 (2007 Mar)

Publication Date: March 2007

Abstract: OBJECTIVE: To report successful conservative management of advanced cervical ectopic pregnancy with placenta percreta. DESIGN: Case report. Setting: University tertiary care hospital. PATIENT(S): A 37-year-old woman with second-trimester cervical ectopic pregnancy and placenta percreta. INTERVENTION(S): Ultrasound-guided injection of potassium chloride into the fetal heart followed by multiple systemic methotrexate injections, removal of fetal bones, cervical cerclage suture, and Foley catheter placement for control of hemorrhage. MAIN OUTCOME MEASURE(S): Low maternal morbidity and successful conservative management with preservation of fertility. RESULT(S): The cervical ectopic pregnancy was treated successfully without significant morbidity; the uterus was preserved, and the woman was delivered of a full-term live fetus in the next pregnancy. CONCLUSION(S): Advanced cervical ectopic pregnancy with placenta percreta is associated with high morbidity with surgical intervention. Conservative management with attendant low morbidity and uterus preservation is possible in advanced cervical ectopic pregnancy.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

114. Cervical heterotopic pregnancy after assisted reproductive technology successfully treated with only simple embryo aspiration: a case report.

Author(s): Cho JH, Kwon H, Lee KW, Han WB
BACKGROUND: The etiology of cervical heterotopic pregnancy is unknown, but most are associated with assisted reproductive techniques. Various types of conservative management to save the intrauterine pregnancy have been attempted. CASE: A 35-year-old woman conceived after in vitro fertilization/embryo transfer for primary malefactor infertility. At 7(3/7) weeks of gestation, only the embryo was aspirated without fluid. Delivery of a healthy infant at 35 weeks was successful. CONCLUSION: Simple embryo aspiration under transvaginal ultrasonography guidance can be used in cervical heterotopic pregnancy.

Source: MEDLINE

Full Text:

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Eskandar M.A.

Citation: Middle East Fertility Society Journal, 2007, vol./is. 12/1(57-62), 1110-5690 (2007)

Publication Date: 2007

Abstract: Objective: To identify risk factors for single dose methotrexate (MTX) failure among patients treated for ectopic pregnancies. Design: Retrospective cohort. Materials and methods: Seventy women diagnosed with an ectopic gestation treated with MTX. After a single dose, 66 (94.3%) patients experienced ectopic resolution, three (4.3%) patients needed a second dose of MTX, and one (1.4%) patient had a subsequent tubal rupture. Main outcome measure(s): Predictive variables for failure of single dose MTX, including human chorionic gonadotropin (hCG) value, fetal sac size, patient age, parity and history of previous miscarriages. Result(s): Ectopic pregnancies that failed to resolve following a single dose MTX were associated with increased maternal age, history of spontaneous abortions, larger sac sizes (>3.4 cm), and higher beta-HCG levels (>2000 mIU/mL). Multiple regression analysis demonstrated that the size of the embryonic sac was the most important variable in failures of single dose methotrexate treatment. Conclusion: Size of gestational sac and the pre-treatment level of HCG should be considered as independent risk factors for treatment failure of single dose methotrexate treatment. Copyright Middle East Fertility Society.

Source: EMBASE

Full Text:

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Ciavattini A, Cere I, Tsiroglou D, Caselli FM, Tranquilli AL

Citation: Journal of the Society of Laparoendoscopic Surgeons, January 2007, vol./is. 11/1(123-6), 1086-8089;1086-8089 (2007 Jan-Mar)

Publication Date: January 2007

Abstract: BACKGROUND: Angular-interstitial pregnancy is a rare and potentially dangerous occurrence of ectopic pregnancy for which appropriate treatment has not been established. METHODS: A 41-year-old woman with a history of ectopic pregnancy was treated with a combined regimen of conservative treatment comprising medical therapy
with methotrexate and a minimally invasive laparoscopic-assisted surgical approach.

Results The patient had an unremarkable postoperative course and was discharged after 32 hours. A transvaginal ultrasound scan control 2 weeks later revealed a normal uterine wall, with normal uterine adnexa.

CONCLUSION: With our combined treatment approach we avoided hysterectomy, and we achieved a more adequate uterine repair, improving future fertility.

Source: MEDLINE

Full Text:
Available in fulltext at National Library of Medicine
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Ayas S, Aköz I, Karateke A, Bozkulu O

Citation: Clinical & Experimental Obstetrics & Gynecology, 2007, vol./is. 34/3(195-6), 0390-6663;0390-6663 (2007)

Publication Date: 2007

Abstract: OBJECTIVE: Cesarean scar pregnancy is implantation of the pregnancy within the fibrous tissue of the cesarean scar which is completely surrounded by myometrium.

METHOD AND RESULT: A 32-year-old woman, gravida 2, para 1 presented at our emergency department with mild lower abdominal pain and minimal vaginal bleeding. She was diagnosed with cesarean scar pregnancy. Conservative treatment with methotrexate 50 mg/m2 was administered IM on days 0 and 8. Her betaHCG value was zero at the 14th week after beginning of the treatment.

CONCLUSION: Repeated methotrexate administration in the management of cesarean scar pregnancy should be attempted in informed patients who especially desire fertility and can be closely followed up.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Nadiasauskiene R, Vaicekavicius E, Taraseviciene V, Simanaviuciute D

Citation: Medicina (Kaunas, Lithuania), 2007, vol./is. 43/11(883-6), 1010-660X;1648-9144 (2007)

Publication Date: 2007

Abstract: BACKGROUND: Cervical pregnancy is a rare form of ectopic pregnancy, and the most effective method of its treatment is still under investigation. We would like to call attention to selective uterine artery embolization as an effective modern treatment method.

CASE: A patient with suspected cervical pregnancy and 7-week amenorrhea was admitted to the hospital after unsuccessful use of emergency contraception. Transvaginal ultrasound showed gestational sack located 11 mm from the external cervical os. Crown-rump length was 11.2 cm, and the fetal heartbeat was present. The level of serum chorionic gonadotropin was 31,930 U/L. Treatment with systemic methotrexate was unsuccessful, and unilateral uterine artery embolization was performed followed by dilatation and curettage of the cervical canal. Three days after the procedure, sonographic examination showed contracted cervical canal. After a period of two months, normal uterine artery flow was registered by Doppler ultrasonography on both sides.

CONCLUSION: Uterine artery embolization in case of cervical pregnancy reduces the risk of bleeding and can be the method of choice when treatment with methotrexate...
fails. Unilateral embolization is effective when angiography shows unequal disposition of the arterial connections supplying the embryo.

**Source:** MEDLINE

**Full Text:**
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

119. The nonsurgical management of ectopic pregnancy.

**Author(s):** Kirk E, Bourne T

**Citation:** Current Opinion in Obstetrics & Gynecology, 01 December 2006, vol./is. 18/6(587-593), 1040872X

**Publication Date:** 01 December 2006

**Abstract:** PURPOSE OF REVIEW: This review discusses the diagnosis and nonsurgical management of ectopic pregnancy. RECENT FINDINGS: In the majority of cases the diagnosis of ectopic pregnancy should be made on transvaginal ultrasonography. Those for which the diagnosis is not made on the first scan may initially be classified as pregnancies of unknown location. There are now a number of strategies and mathematical models to predict ectopic pregnancy in this pregnancy of unknown location population. Reported success rates for expectant and medical management of ectopic pregnancy vary due to different inclusion criteria. A number of predictors of success have been studied: maternal age, previous obstetric history, gestational age, ultrasound features, human chorionic gonadotrophin levels, progesterone levels and the change in human chorionic gonadotrophin over time. At present the initial human chorionic gonadotrophin level probably remains the single most important predictor of success. Nonsurgical management is also particularly important for nontubal ectopic pregnancies: interstitial, cervical and caesarean section scar pregnancies. SUMMARY: The majority of ectopic pregnancies can be visualized by ultrasound and so can be considered for conservative treatment. Nonsurgical management can be safe and effective. Appropriate selection criteria remain an issue, however, and a consensus needs to be reached on the predictors of success and failure to optimize management.

**Source:** CINAHL

**Full Text:**
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

120. Ultrasonographic appearance of cervical pregnancy following successful treatment with methotrexate.

**Author(s):** Api O, Unal O, Api M, Ergin B, Alkan N, Kars B, Turan C

**Citation:** Ultrasound in Obstetrics & Gynecology, November 2006, vol./is. 28/6(845-7), 0960-7692;0960-7692 (2006 Nov)

**Publication Date:** November 2006

**Abstract:** We report a case of cervical ectopic pregnancy successfully treated with systemic methotrexate. Conservative management with single-dose methotrexate was undertaken, but owing to the failure of human chorionic gonadotropin (hCG) levels to fall by 15% by day 7 and the persistence of fetal cardiac activity, two further doses of methotrexate were required. The patient's hCG levels were monitored, and repeat transvaginal ultrasonography was performed until complete resolution of the pregnancy by
spontaneous miscarriage. We describe the ultrasonographic findings, which showed that the sac size increased despite treatment. Copyright (c) 2006 ISUOG.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Mahboob U, Mazhar SB

Citation: Journal of Ayub Medical College, Abbottabad: JAMC, October 2006, vol./is. 18/4(34-7), 1025-9589;1025-9589 (2006 Oct-Dec)

Publication Date: October 2006

Abstract: BACKGROUND: Ectopic pregnancy is the most important cause of maternal mortality and morbidity in the first trimester. Over the past few decades, the management of ectopic pregnancy has been revolutionized; various modalities of treatment are currently in practice. The purpose of this study was to determine the frequency of these modes of treatment of ectopic pregnancy and their outcome.

METHODS: Fifty two patients diagnosed to have ectopic pregnancy at MCH Center unit II in the year 2004 and 2005 were included in the study. A cross-sectional analytical study was done. Four modes of treatment were given according to patient's condition, ultrasound findings and beta-hCG levels; these were laparotomy, operative laparoscopy, methotrexate injection and conservative management. The outcome measures included success of each treatment modality, need for second mode of treatment in each group and duration of hospital stay.

RESULTS: A total number of 52 patients with ectopic pregnancy were identified and studied. The rate of ectopic pregnancy was 1:100 deliveries. Emergency laparotomy was performed in 30 (57.9%) women, 15 (28.8%) received methotrexate injection. Seven women (13.3%) were managed conservatively and operative laparoscopy was not used as primary treatment in any of the patient. All cases of laparotomy did not require any further procedure. Twelve out of fifteen (80%) cases of medical treatment were successful while one (6.7%) proceeded to emergency laparotomy, one (6.7%) to operative laparoscopy and one (6.7%) to laparoscopy preceding laparotomy. Five out of seven patients (71.4%) on conservative treatment did not require any further intervention while two (28.6%) of them resolved with methotrexate injection. The duration of hospital stay in laparotomy, medically treated and conservatively managed groups was 6.5, 5.9 and 1.7 days respectively.

CONCLUSION: In the institutional setting ectopic pregnancy accounted for 1% of total deliveries. More than half of all women with ectopic pregnancy presented with acute abdomen and required emergency laparotomy. About 40% women could be managed with non-surgical modalities with 80% success for methotrexate injection and 71% for conservative treatment in the present study.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

122. Successful treatment of a cervical pregnancy by single dose methotrexate and vaginal misoprostol

Author(s): Duvan C.I., Ozturk Turhan N.

Citation: Journal of the Turkish German Gynecology Association, September 2006, vol./is. 7/3(236-238), 1309-0399;1309-0380 (September 2006)

Publication Date: September 2006

Abstract: Cervical pregnancy is an extremely rare form of the ectopic pregnancies. The aim of this case report is to show that single dose methotrexate and vaginal misoprostol
could be an alternative therapy to surgery. A 34-year-old, gravida 3, parity 3, patient who had vaginal spotting and 15 days menstrual delay according to her last menstrual cycle, admitted to our hospital. The serum beta-hCG level of the patient was 23,000 mIU/ml and transvaginal ultrasound revealed a vacancy in the uterine cavity and the mistaken localization of the gestational sac in the cervical canal. The patient was given a single dose of 50 mg/m² methotrexate (85 mg). Four hundred pg misoprostol was administered to the posterior fornix of the vagina on the second day latter to the methotrexate therapy, repeating dose of misoprostol was given on the third day as no cervical changes were detected, fetal heart rates were lost on the fifth day and finally abortion was achieved on the eighth day. No major bleeding occurred and no surgical intervention needed. The patient then was followed up by sonographic examinations and serum beta-hCG measurements. This ectopic cervical pregnancy case is treated successfully with a single dose methotrexate and misoprostol. In selected cases single dose methotrexate and misoprostol may become a useful alternative to surgical intervention for the management of viable cervical pregnancy.

Source: EMBASE


Author(s): Matteo M, Nappi L, Rosenberg P, Greco P

Citation: Journal of Minimally Invasive Gynecology, July 2006, vol./is. 13/4(345-7), 1553-4650;1553-4650 (2006 Jul-Aug)

Publication Date: July 2006

Abstract: Cervical pregnancy (CP) is an uncommon ectopic pregnancy that accounts for approximately less than 1% of extrauterine gestations. This case report describes a case of a viable ectopic CP successfully treated with systemic methotrexate therapy combined with hysteroscopic local endocervical resection of the heterotopic gestational sac. This approach, if validated, could be considered the treatment of choice to preserve the uterus in these young patients.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Soliman KB, Saleh NM, Omran AA

Citation: Saudi Medical Journal, July 2006, vol./is. 27/7(1005-10), 0379-5284;0379-5284 (2006 Jul)

Publication Date: July 2006

Abstract: OBJECTIVE: To evaluate the safety and efficacy of single dose intramuscular methotrexate (MXT) as a treatment option for early unruptured ectopic pregnancies, and to compare the results with those of previously published studies. METHODS: We performed a prospective study on 30 patients with small unruptured ectopic pregnancies treated with a single dose of MXT therapy in the Department of Obstetrics and Gynecology, Maternity and Children Hospital, Buraidah, Qassim, Kingdom of Saudi Arabia from January 2002 to June 2004. RESULTS: The mean pretreatment level of beta-human chorionic gonadotropin (beta-hCG) was 2209 +/- 1381 mIU/ml. Only 22 women (73.3%) were successfully treated with a single dose of MXT. Five women required a second injection, and one woman required a third dose. The combined success rate for medical management of ectopic pregnancy with 1-3 doses of MXT was 86.7% (26 women). Pretreatment beta-hCG levels were significantly lower in women who responded to single dose therapy than in those who required either multiple doses or who had failure of medical management (p<0.001). The mean time to resolution of beta-hCG was 32.5 +/- 17 days. Higher pretreatment levels correlated with longer resolution time (p<0.001). Four women (13.3%) had a failure of...
medical management and required surgery. CONCLUSION: In our series, MXT was successful in 26 women (86.7%). Women with a pretreatment beta-hCG level of 3000-4000 mIU/ml had a greater probability of requiring either surgical intervention or multiple doses of MXT. The potential for emergency surgery remains an important risk.

**Source:** MEDLINE

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Available in fulltext at [ULHT journal article requests. Complete the online form to obtain articles.](#)

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125. **Cesarean scar ectopic pregnancies: etiology, diagnosis, and management.**

**Author(s):** Rotas MA, Haberman S, Levger M

**Citation:** Obstetrics & Gynecology, June 2006, vol./is. 107/6(1373-81), 0029-7844;0029-7844 (2006 Jun)

**Publication Date:** June 2006

**Abstract:** OBJECTIVE: To clarify the appropriate way to diagnose and treat an ectopic pregnancy in the uterine scar of a prior cesarean delivery. DATA SOURCES: Articles written in English that were published from January 1966 to August 2005 and quoted in the computerized database MEDLINE/PubMed retrieved by using the words "cesarean section," "cesarean delivery," "cesarean section scar pregnancy," and "ectopic pregnancy." Additional articles were obtained from reference lists of pertinent case reports and reviews. METHODS OF STUDY SELECTION: Fifty-nine articles that met the inclusion criteria provided data on the clinical presentation, diagnosis, and treatment modalities of 112 cases of cesarean delivery scar pregnancies. TABULATION, INTEGRATION, AND RESULTS: Review of the 112 cases revealed a considerable increase in the incidence of this condition over the last decade, with a current range of 1:1,800 to 1:2,216 normal pregnancies. More than half (52%) of the reported cases had only one prior cesarean delivery. The mean gestational age was 7.5 +/- 2.5 weeks, and the most frequent symptom was painless vaginal bleeding. Endovaginal ultrasonography was the diagnostic method in most cases, with a sensitivity of 84.6% (95% confidence interval 0.763-0.905). Expectant management of 6 patients resulted in uterine rupture that required hysterectomy in 3 patients. Dilation and curettage was associated with severe maternal morbidity. Wedge resection and repair of the implantation site via laparotomy or laparoscopy were successful in 11 of 12 patients. Simultaneous administration of systemic and intragestational methotrexate to 5 women, all with beta-hCG exceeding 10,000 milli-International Units/mL required no further treatment. CONCLUSION: Surgical treatment or combined systemic and intragestational methotrexate were both successful in the management of cesarean delivery scar pregnancy. Because subsequent pregnancies may be complicated by uterine rupture, the uterine scar should be evaluated before, as well as during, these pregnancies.

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Available in fulltext at [ULHT Library and Knowledge Services’ eJournal collection](#)
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local injection of 0.3 ml AE with a 23-gauge needle under transvaginal ultrasonic guidance. The efficacy was evaluated comparing serum beta-human chorionic gonadotropin (beta-hCG) levels before and after the injection. RESULTS: In the 60 successful cases (87%), the serum beta-hCG level decreased by 10-30% in two hours postinjection. Of these, 46 were effective with a single injection and the half-life of beta-hCG was achieved within 4 days in 45 cases. In 56 cases (including repetitive administration) serum beta-hCG levels decreased to 20 mIU/mL within 20 days. The treatment showed no side effects and could be given on an outpatient basis without anesthesia. CONCLUSIONS: This method was shown to be a safe, effective new approach to treating EP.

Source: MEDLINE
Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Author(s): Tang A, Baartz D, Khoo SK
Citation: Australian & New Zealand Journal of Obstetrics & Gynaecology, April 2006, vol./is. 46/2(107-11), 0004-8666;0004-8666 (2006 Apr)
Publication Date: April 2006
Abstract: BACKGROUND: Medical treatment of the rare interstitial ectopic pregnancy with methotrexate has been considered an alternative to surgical resection. AIM: To determine the treatment success rate with a single-dose intravenous methotrexate/folinic acid regimen and to identify predictors of treatment outcome. METHODS: A 5-year audit (April 2000-August 2005) was carried out, collecting clinical imaging data and serum beta-human chorionic gonadotrophin (beta-hCG). Time taken for complete beta-hCG resolution was recorded, and a negative beta-hCG result was used as an endpoint of successful outcome. RESULTS: Of the 13 cases, two required urgent surgery for rupture on presentation. In the remaining 11 cases, intravenous methotrexate (300 mg) was used, with oral folic acid rescue (15 mg x 4 doses). There were no side-effects. Complete beta-hCG resolution was achieved in 10 of the 11 medically treated cases (91% success rate), requiring 21-129 days. Successful outcome was seen with initial beta-hCG level as high as 106,634 IU/L and gestation sac as large as 6 cm and a live fetus. CONCLUSION: The methotrexate/folinic acid regimen used as a one-dose treatment is safe and effective for unruptured interstitial pregnancy, with no side-effects and the advantage of avoiding invasive surgery. Subsequent tubal patency and reproductive function are yet to be ascertained.
Source: MEDLINE
Full Text: Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

128. The conservative management of cervical ectopic pregnancies.
Author(s): Kirk E, Condous G, Haider Z, Syed A, Ojha K, Bourne T
Citation: Ultrasound in Obstetrics & Gynecology, April 2006, vol./is. 27/4(430-7), 0960-7692;0960-7692 (2006 Apr)
Publication Date: April 2006
Abstract: OBJECTIVE: To evaluate the role of conservative management in the treatment of cervical ectopic pregnancies. METHODS: This was a retrospective analysis of all cervical ectopic pregnancies diagnosed in women attending our early pregnancy unit between April 1997 and September 2004 inclusive. The diagnosis of cervical ectopic pregnancy was
made using transvaginal ultrasound. Clinical and demographic data were recorded in all cases. Serum human chorionic gonadotropin levels were measured at presentation and monitored subsequently to determine the rate of successful resolution. Conservative management was in the form of medical or expectant management. Medical management involved administration of systemic or intra-amniotic methotrexate, with or without intra-amniotic potassium chloride. Systemic methotrexate was either a single dose of 50 mg/m² or an alternate-day regimen of methotrexate at 1 mg/kg (days 1, 3, 5) with folic acid rescue (days 2, 4, 6). If intra-amniotic treatment was required, this was either 50 mg methotrexate or 5 mmol/L potassium chloride. RESULTS: Seven cervical ectopic pregnancies were diagnosed during the study period. Three cases were managed successfully with a single dose of methotrexate. One case was managed successfully using a multiple-dose methotrexate regimen. Another case failed medical management with both the single- and multiple-dose regimens but was successfully treated after potassium chloride was given intra-amniotically under ultrasound guidance. One case was successfully treated with intra-amniotic methotrexate and another was managed expectantly. There was no associated morbidity or mortality during the study period. We also performed a review of the current literature. CONCLUSION: The conservative management of cervical ectopic pregnancy is effective and safe. Copyright 2006 ISUOG.

Source: MEDLINE

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129. Do serum beta-human chorionic gonadotropin levels on day 4 following methotrexate treatment of patients with ectopic pregnancy predict successful single-dose therapy?

Author(s): Gabbur N., Sherer D.M., Hellmann M., Abdelmalek E., Phillip P., Abulafia O.

Citation: American Journal of Perinatology, April 2006, vol./is. 23/3(193-196), 0735-1631 (April 2006)

Publication Date: April 2006

Abstract: The purpose of this study is to assess whether serum beta-human chorionic gonadotropin (beta-hCG) levels on day 4 following methotrexate (MTX) treatment in patients with ectopic pregnancy predict successful single-dose therapy or the need for subsequent surgical intervention. Retrospective analysis of patients with ectopic pregnancies treated with MTX (50 mg/m²) was conducted. Inclusion criteria for MTX management were serum beta-hCG < 15,000 mU/mL, absent fetal cardiac activity, ultrasonographic gestational sac < 3.5 cm, normal liver function tests, hemodynamically stable patient with no evidence of hemoperitoneum, and informed consent. Day 1, 4, and 7 serum beta-hCG levels were obtained. Outcome parameters included successful single-dose MTX management, the requirement for multiple treatments, and whether subsequent surgery was required. Receiver operator characteristic (ROC) curves were used, p < 0.05 was considered significant throughout. Eighty-three patients were studied. Of these, 60 patients were treated successfully with single doses, 16 patients required two doses, and two patients required three doses of MTX, and five underwent surgical management. Mean day 1 serum beta-hCG levels of patients successfully treated with single-dose MTX was 3938.5 (+/- 589.2 [standard deviation]) versus 1767.65 (+/- 1237.8) mU/mL in patients requiring multiple doses of MTX therapy, (p < 0.0001). ROC curves for serum beta-hCG levels on days 1, 4, and 7 were 0.449, 0.592, and 0.754, respectively, indicating that only day 7 serum beta-hCG levels were associated with successful single-dose MTX therapy. Serum beta-hCG levels on day 4 of MTX in patients with ectopic pregnancy do not predict successful single-dose therapy or the need for surgery. Copyright 2006 by Thieme Medical Publishers, Inc.

Source: EMBASE

Full Text:
Available in fulltext at *ULHT journal article requests. Complete the online form to obtain articles.*
130. Conservative management of cervical ectopic pregnancy

Author(s): Naidoo T.D., Ramogale M.R., Moodley J.

Citation: South African Journal of Obstetrics and Gynaecology, March 2006, vol./is. 12/1(44-45), 0038-2329 (March 2006)

Publication Date: March 2006

Abstract: The increasing incidence of cervical pregnancies may be attributed to increased use of artificial reproductive techniques and diagnostic improvements. Historically surgery has been the mainstay of treatment, usually with a poor prognosis. Recently there has been a trend toward conservative management with improved prognosis. Spontaneous abortion of a cervical pregnancy is usually associated with profuse haemorrhage or sepsis. A case undergoing spontaneous abortion without any life-threatening sequelae is presented.

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

131. Successful conservative treatment of a 14-week gestational age cervical pregnancy by primary local injection of single-dose intra-amniotic methotrexate and intracardiac potassium chloride feticide

Author(s): Jeng C.-J., Lou C.-N., Tzeng C.-R., Yang Y.-C.

Citation: Acta Obstetrica et Gynecologica Scandinavica, March 2006, vol./is. 85/3(368-370), 0001-6349;1600-0412 (March 2006)

Publication Date: March 2006

Source: EMBASE

Full Text: Available in fulltext at EBSCOhost

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

132. Medical management of a cornual pregnancy

Author(s): Bedoya-Ronga A., Khashia K., Polson D.W.

Citation: Archives of the Balkan Medical Union, March 2006, vol./is. 41/1(35-38), 1584-9244 (March 2006)

Publication Date: March 2006

Abstract: Introduction: The cornual-interstitial pregnancy is a rare type of ectopic pregnancy, accounting for 2-4% of all ectopic pregnancies, but with a maternal mortality 200 times higher than tubal ectopic pregnancy. Case Report: 27 years old para 2, black African, requesting termination of pregnancy at 10 weeks. No relevant past medical or surgical history. Abdominal examination unreward, ultrasound scan showed empty uterus and suggested right ectopic pregnancy. The serum beta-HCG was 29000 IU/L. Laparoscopy diagnosis found a 4 cm left cornual-interstitial pregnancy, and conservative management was decided. 85 mg intramuscular Methotrexate was given at 48 hrs after the laparoscopy, and the patient was discharged home in a good condition on the fifth postoperative day. Results: Follow-up: weekly blood test in the first 2 months; once monthly after. She had ultrasound scan follow-up at 2 and 6 month. B-HCG was undetectable on the 6th post-treatment month. Conclusions: CP needs a tailored approach, ultrasound scan isn't very reliable and laparoscopy is necessary for the diagnosis. Medical
management offers a good alternative treatment for the ectopic pregnancy with a high surgical risk when the patient is stable. Copyright 2006 Celsius.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

133. Serum beta-hCC titers do not predict ruptured ectopic pregnancy

Author(s): Galstyan K., Kurzel R.B.

Citation: International Journal of Fertility and Women's Medicine, January 2006, vol./is. 51/1(14-16), 1534-892X (January/February 2006)

Publication Date: January 2006

Abstract: Objective - To study the relationship of serum beta-hCG titers in unruptured (U) vs. ruptured (R) tubal ectopic pregnancies. Method - 183 consecutive tubal ectopic pregnancies, confirmed by surgery and/or pathology, were classified as unruptured (n=108), or ruptured (n=75). Serum beta-hCG was noted directly before the surgery. Patients treated with methotrexate were excluded. The two groups were compared for patient age, gravidity (G), parity (P), gestational age at rupture, and serum beta-hCG level. Differences were analyzed using the Student's paired t-test. Results - No significant differences were seen for patient age, G or P between the two groups (U vs. R). Gestational age at rupture was significantly higher (p=0.01) in the ruptured ectopics (U: mean = 6.9 wks, s.d. = 2.2 wks; R: mean = 7.7 wks, s.d. = 2.5 wks). The range in serum beta-hCG was broad for both groups. For U: range = 15-89,504 I.U./L, mean = 10,620 I.U./L, s.d. = 17,521 I.U./L. For R: range = 8-75,071 I.U./L, mean = 11,907 I.U./L, s.d. = 17,320 I.U./L (P > .25 N.S.). Conclusions - Serum beta-hCG by itself cannot predict whether a tubal ectopic pregnancy is likely to be ruptured; there is no safe lower limit in hCG titer below which ruptured ectopic is not seen. 2006 Controversies in Obstetrics and Gynecology, Polish Society of Perinatal Medicine, the International Society of Reproductive Medicine, the World Foundation for Medical Studies in Female Health and the Center for the Study of Cryopreservation of Oocytes and Spermatozoa.

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134. Successful conservative treatment of a 14-week gestational age cervical pregnancy by primary local injection of single-dose intra-amniotic methotrexate and intracardiac potassium chloride feticide.

Author(s): Jeng CJ, Lou CN, Tzeng CR, Yang YC

Citation: Acta Obstetrica et Gynecologica Scandinavica, 2006, vol./is. 85/3(368-70), 0001-6349;0001-6349 (2006)

Publication Date: 2006

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135. Sonographic monitoring of systemic and local methotrexate (MTX) therapy
**in patients with intact interstitial pregnancies.**

**Author(s):** Klemm P, Koehler C, Eichhorn KH, Hillemanns P, Schneider A

**Citation:** Journal of Perinatal Medicine, 2006, vol./is. 34/2(149-57), 0300-5577;0300-5577 (2006)

**Publication Date:** 2006

**Abstract:** OBJECTIVE: After the confirmation of an intact interstitial pregnancy through sonographic diagnosis and laparoscopy, systemic and local methotrexate therapy is a well established conservative treatment to preserve the uterus. The parameters of successful treatment are the course of serum hCG value and sonographic changes. In this case series we describe sonographic monitoring under methotrexate (MTX) application and the residual sonographic findings after completing therapy.METHODS: Three consecutive patients (two singleton and one twin pregnancy) with intact interstitial pregnancies were diagnosed and treated with MTX between 2000 and 2004. During the treatment we recorded the hCG values, maximum size of the interstitial lesion, vitality of the pregnancy, and vascularization.RESULTS: In all patients the sonographic diagnosis of an interstitial pregnancy was confirmed by laparoscopy. Following systemic MTX therapy, the hCG values normalised within 8 weeks in the singleton pregnancies and in 10 weeks in the twin pregnancy. During conservative therapy vascularization in the lesion withered continuously. The size of the primary myometrial lesion decreased at a slow rate and part of the lesion persisted in all three patients.CONCLUSION: Despite decreasing hCG levels, residual sonographic patterns of an interstitial ectopic pregnancy persist in the uterine wall.

**Source:** MEDLINE

**Full Text:** Available in fulltext at EBSCOhost

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

136. **Cervical pregnancy: a case report.**

**Author(s):** Starita A, Di Miscia A, Labi FL, Donadio F, Starita A

**Citation:** Clinical & Experimental Obstetrics & Gynecology, 2006, vol./is. 33/1(63-4), 0390-6663;0390-6663 (2006)

**Publication Date:** 2006

**Abstract:** The case of a patient with cervical pregnancy diagnosed by ultrasound (US) at nine weeks of gestation is described. US showed a cavity of 4.5 x 3.5 cm in diameter located on the right lateral wall of the cervix containing trophoblasts. In order to preserve the patient's fertility conservative treatment was administered: methotrexate (MTX), ligature of the uterine arteries, and hysterosuction. Due to intense bleeding uncontrolled by the use of a Foley's catheter total hysterectomy with conservation of the adnexae was performed.

**Source:** MEDLINE

**Full Text:** Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

137. **Serum beta-hCG titers do not predict ruptured ectopic pregnancy**

**Author(s):** Galstyan K., Kurzel R.B.

**Citation:** International journal of fertility and women's medicine, January 2006, vol./is. 51/1(14-16), 1534-892X (2006 Jan-Feb)

**Publication Date:** January 2006

**Abstract:** OBJECTIVE: To study the relationship of serum beta-hCG titers in unruptured (U) vs. ruptured (R) tubal ectopic pregnancies. METHOD: 183 consecutive tubal ectopic
pregnancies, confirmed by surgery and/or pathology, were classified as unruptured (n=108), or ruptured (n=75). Serum beta-hCG was noted directly before the surgery. Patients treated with methotrexate were excluded. The two groups were compared for patient age, gravidity (G), parity (P), gestational age at rupture, and serum beta-hCG level. Differences were analyzed using the Student's paired t-test. RESULTS: No significant differences were seen for patient age, G or P between the two groups (U vs. R). Gestational age at rupture was significantly higher (p = 0.01) in the ruptured ectopics (U: mean = 6.9 wks., s.d.= 2.2 wks; R: mean = 7.7 wks, s.d. = 2.5 wks). The range in serum beta-hCG was broad for both groups. For U: range = 15-89,504 I.U./L, mean 10,620 I.U./L, s.d. = 17,521 I.U./L. For R: range = 8-75,071 I.U./L, mean = 11,907 I.U./L, s.d. = 17,320 I.U./L (P > .25-N.S.). CONCLUSIONS: Serum beta-hCG by itself cannot predict whether a tubal ectopic pregnancy is likely to be ruptured; there is no safe lower limit in hCG titer below which ruptured ectopic is not seen.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

138. Failed medical management in ovarian pregnancy despite favorable prognostic factors--a case report.

Author(s): Bagga R, Suri V, Verma P, Chopra S, Kalra J

Citation: Medgenmed [Computer File]: Medscape General Medicine, 2006, vol./is. 8/2(35), 1531-0132;1531-0132 (2006)

Publication Date: 2006

Abstract: Primary ovarian pregnancy is a rare form of ectopic pregnancy that must be demonstrated with use of 4 Spiegelberg criteria. It is usually diagnosed at laparotomy or laparoscopy, although it may resemble a hemorrhagic corpus luteum. Successful conservative management of ovarian pregnancy with methotrexate has been reported only occasionally. This may be partly because of the rarity of this condition and partly because when medical treatment is successful, the patient does not need to undergo laparotomy or laparoscopy, and an occasional ovarian pregnancy may have been diagnosed as a tubal pregnancy. We present a case of ovarian pregnancy (diagnosed at laparotomy) for which initial medical management with methotrexate failed despite favorable prognostic factors. Whether the unusual location (ovary) could have contributed toward treatment failure is unknown.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

139. Ectopic pregnancy in a caesarean scar: a case report.

Author(s): Persadie RJ, Fortier A, Stopps RG

Citation: Journal of Obstetrics & Gynaecology Canada: JOGC, December 2005, vol./is. 27/12(1102-6), 1701-2163;1701-2163 (2005 Dec)

Publication Date: December 2005

Abstract: BACKGROUND: An ectopic pregnancy developing in a Caesarean section scar is extremely rare. This type of ectopic pregnancy carries with it a high risk of morbidity related to uterine rupture and extensive hemorrhage. Conservative treatment in the form of local or systemic injection of methotrexate or local injection of potassium chloride is preferable to surgical management, as the former is fertility sparing.CASE: A 36-year-old multigravid woman was found to have an ectopic pregnancy in a Caesarean scar at seven weeks' gestation with a significantly elevated beta-human chorionic gonadotrophin (Beta-
hCG) level. Systemic methotrexate therapy was unsuccessful; subsequently, a local injection of methotrexate was used with resolution of the pregnancy. **CONCLUSION:** An ectopic pregnancy in a Caesarean scar can be managed effectively with local injection of methotrexate.

**Source:** MEDLINE

**Full Text:**

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

140. **Conservative management of live tubal pregnancies by ultrasound guided potassium chloride injection and systemic methotrexate treatment.**

**Author(s):** Verma U, Jacques E

**Citation:** Journal of Clinical Ultrasound, December 2005, vol./is. 33/9(460-3), 0091-2751;0091-2751 (2005 Dec)

**Publication Date:** December 2005

**Abstract:** Unruptured live tubal ectopic pregnancies are often managed surgically. Significantly elevated beta-hCG levels in these patients make treatment with methotrexate ineffective. However, achieving cardiac asystole via sonographically guided injection of potassium chloride (KCl) along with systemic methotrexate can improve treatment outcome. We describe the successful conservative management of 3 cases of unruptured tubal pregnancy with cardiac activity and significantly elevated beta-hCG levels. Under sonographic guidance, KCl was injected into the fetal heart to achieve cardiac asystole, and patients concurrently received a systemic methotrexate injection. The resolution of ectopic pregnancy was achieved and surgery was avoided in all 3 cases. Conservative management may thus be an option for patients with live ectopic pregnancies. 2005 Wiley Periodicals, Inc.

**Source:** MEDLINE

**Full Text:**

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

141. **Diagnosis and treatment of ectopic pregnancy.**

**Author(s):** Murray H, Baakdah H, Bardell T, Tulandi T

**Citation:** CMAJ Canadian Medical Association Journal, October 2005, vol./is. 173/8(905-12), 0820-3946;1488-2329 (2005 Oct 11)

**Publication Date:** October 2005

**Abstract:** Ectopic pregnancy is a life- and fertility-threatening condition that is commonly seen in Canadian emergency departments. Increases in the availability and use of hormonal markers, coupled with advances in formal and emergency ultrasonography have changed the diagnostic approach to the patient in the emergency department with first-trimester bleeding or pain. Ultrasonography should be the initial investigation for symptomatic women in their first trimester; when the results are indeterminate, the serum beta human chorionic gonadotropin (beta-hCG) concentration should be measured. Serial measurement of beta-hCG and progesterone concentrations may be useful when the diagnosis remains unclear. Advances in surgical and medical therapy for ectopic pregnancy have allowed the proliferation of minimally invasive or noninvasive treatment. Guidelines for laparoscopy and for methotrexate therapy are provided.

**Source:** MEDLINE

**Full Text:**

Available in fulltext at EBSCOhost

Author(s): Paillocher N, Biquard F, Paris L, Catala L, Descamps P

Citation: Gynecologie, Obstetrique & Fertilite, October 2005, vol./is. 33/10(772-5), 1297-9589;1297-9589 (2005 Oct)

Publication Date: October 2005

Abstract: We report a case of a patient who presented an isthmic pregnancy successfully treated with an intramuscular injection of methotrexate. The diagnosis of isthmic pregnancy was made clinically (cervical colour was normal, inferior segment soft and enlarged) and echographically (long cervix, foetal sack situated in the isthmus and the uterine body was empty). An isthmic full term pregnancy is possible but would carry major haemorrhagic risk. There are several therapeutic options if the pregnancy is interrupted: medical treatment of methotrexate, curettage, curettage with embolisation of the uterine arteries and as a last resort, hysterectomy. The success of conservative treatment seems to be related to the criteria known for the cervical pregnancy, which are cardiac activity, the level of HCG, gestational age and cranial-caudal length.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

143. Successful conservative management of cervical ectopic pregnancy with combination of methotrexate, mifepristone, surgical evacuation and tamponade using a double balloon three-way catheter.

Author(s): Bakour SH, Thompson PK, Khan KS

Citation: Journal of Obstetrics & Gynaecology, August 2005, vol./is. 25/6(616-8), 0144-3615;0144-3615 (2005 Aug)

Publication Date: August 2005

Source: MEDLINE

Full Text: Available in fulltext at EBSCOhost. Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

144. Successful conservative treatment of a cesarean scar pregnancy with uterine artery embolization.

Author(s): Sugawara J, Senoo M, Chisaka H, Yaegashi N, Okamura K

Citation: Tohoku Journal of Experimental Medicine, July 2005, vol./is. 206/3(261-5), 0040-8727;0040-8727 (2005 Jul)

Publication Date: July 2005

Abstract: Ectopic pregnancy developing in a previous Cesarean section scar is rare and is
associated with catastrophic complications, such as uterine rupture and uncontrollable bleeding, which may lead to loss of the uterus. The operative treatments that have been reported for cesarean scar pregnancy are dilatation and curettage and excision of trophoblastic tissues using either laparotomy or laparoscopy. Recently, conservative treatment of scar pregnancy with locally and/or systemically administered methotrexate (MTX) has been reported. However, recent reports demonstrated that cases treated with MTX sometimes required laparotomy later because of excessive bleeding. In this series of cases we have demonstrated that viable cesarean scar pregnancies can be treated safely by selective transarterial embolization in combination with subsequent dilatation and curettage and local or systemic injections of MTX. In these three cases, uterine artery embolization proved to be a useful procedure for preventing uncontrollable bleeding and unnecessary uterine loss.

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☐ 145. Conservative treatment of caesarean scar pregnancy with transvaginal needle aspiration of the embryo

Author(s): Hwu Y.-M., Hsu C.-Y., Yang H.-Y.

Citation: BJOG: An International Journal of Obstetrics and Gynaecology, June 2005, vol./is. 112/6(841-842), 1470-0328 (June 2005)

Publication Date: June 2005

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☐ 146. Conservative treatment of caesarean scar pregnancy with transvaginal needle aspiration of the embryo.

Author(s): Hwu YM, Hsu CY, Yang HY

Citation: BJOG: An International Journal of Obstetrics & Gynaecology, June 2005, vol./is. 112/6(841-2), 1470-0328;1470-0328 (2005 Jun)

Publication Date: June 2005

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Available in print at Lincoln County Hospital Professional Library
Author(s): El-Matary AM, Ashworth F
Citation: Journal of Obstetrics & Gynaecology, May 2005, vol./is. 25/4(411-2), 0144-3615;0144-3615 (2005 May)
Publication Date: May 2005
Source: MEDLINE
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Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

148. Conservative treatment of ectopic pregnancy with methotrexate in a nonoperable patient with Crohn's disease
Author(s): Panayotidis C., Alhuwalia A.
Citation: Gynecological Surgery, April 2005, vol./is. 2/1(43-44), 1613-2076;1613-2084 (April 2005)
Publication Date: April 2005
Abstract: We present a case of conservative management using methotrexate for ectopic pregnancy in a nonoperable patient with complicated severe Crohn's disease. This case demonstrates the successful use of methotrexate in an unusual situation in which laparoscopy or laparotomy could have further jeopardised the patient's medical status. Springer-Verlag 2005.
Source: EMBASE
Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Author(s): Graesslin O, Dedecker F Jr, Quereux C, Gabriel R
Citation: Obstetrics & Gynecology, April 2005, vol./is. 105/4(869-71), 0029-7844;0029-7844 (2005 Apr)
Publication Date: April 2005
Abstract: BACKGROUND: Pregnancy developing in a cesarean scar is a very rare but possibly life-threatening condition because of the risk of rupture and excessive hemorrhage.CASE: A 34-year-old woman presented with lower abdominal pain at 6 weeks of gestation. A cesarean delivery had been performed 3 years earlier. Transvaginal ultrasound examination revealed a viable pregnancy developing in the anterior wall of the uterus. The patient was treated successfully with systemic methotrexate and curettage.CONCLUSION: Conservative management with methotrexate and curettage can be considered in the treatment of ectopic cesarean scar pregnancy.
Source: MEDLINE
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Available in print at Lincoln County Hospital Professional Library
150. Primary ovarian pregnancy

Author(s): Phupong V, Ultchaswadi P

Citation: Journal of the Medical Association of Thailand, April 2005, vol./is. 88/4(527-9), 0125-2208:0125-2208 (2005 Apr)

Publication Date: April 2005

Abstract: BACKGROUND: Primary ovarian pregnancy is a relatively rare form of ectopic pregnancy with an incidence of 1/6000 - 1/40000 pregnancies. CASE REPORT: A 25-year-old woman, gravida 1, parity 0, presented with vaginal bleeding after 8 weeks of amenorrhea. Pelvic examination revealed a left adnexal mass and transvaginal ultrasound confirmed a left adnexal echocomplex mass with free fluid in the cul-de-sac. Serum beta hCG was 3441 mIU/mL. Emergency exploratory laparotomy was performed with a preoperative diagnosis of left ectopic pregnancy, suspected of ovarian pregnancy. Ruptured left ovarian pregnancy was intraoperatively diagnosed. Left salpingooophorectomy was performed. The histopathology confirmed ovarian pregnancy. She was well at discharge and throughout a 4-week period of follow-up. CONCLUSION: Although primary ovarian pregnancy is rare and difficult to diagnose clinically and even intraoperatively, it can be detected early with the use of combined transvaginal ultrasonography and serum beta hCG. The standard of care is conservative treatment in order to preserve the patient's fertility.

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151. Conservative treatment of ectopic pregnancy with methotrexate in a nonoperable patient with Crohn's disease

Author(s): Panayotidis C., Alhuwalia A.

Citation: Gynecological Surgery, April 2005, vol./is. 2/1(43-44), 1613-2076;1613-2084 (April 2005)

Publication Date: April 2005

Abstract: We present a case of conservative management using methotrexate for ectopic pregnancy in a nonoperable patient with complicated severe Crohn's disease. This case demonstrates the successful use of methotrexate in an unusual situation in which laparoscopy or laparotomy could have further jeopardised the patient's medical status. Springer-Verlag 2005.

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

152. Limitations of conservative treatment for repeat Cesarean scar pregnancy

Author(s): Hasegawa J, Ichizuka K, Matsuoka R, Otsuki K, Sekizawa A, Okai T

Citation: Ultrasound in Obstetrics & Gynecology, March 2005, vol./is. 25/3(310-1), 0960-7692;0960-7692 (2005 Mar)

Publication Date: March 2005

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Author(s): Einarsson JI, Michel S, Young AE

Citation: Journal of Minimally Invasive Gynecology, March 2005, vol./is. 12/2(165-7), 1553-4650;1553-4650 (2005 Mar-Apr)

Publication Date: March 2005

Abstract: Cervical ectopic pregnancy is an uncommon event. Modern diagnostic and treatment options provide an opportunity for conservative treatment of this condition. A case of a profuse hemorrhage associated with delayed spontaneous expulsion of a cervical ectopic pregnancy is described, and the management is discussed. In this patient, the cervical ectopic pregnancy was treated successfully using systemic methotrexate and selective uterine artery embolization. The patient returned 1 week later with spontaneous expulsion of the ectopic pregnancy associated with profuse hemorrhage. The bleeding subsided following tamponade using a transcervical Foley catheter. We conclude that conservative treatment of cervical ectopic pregnancy is feasible, with careful posttreatment surveillance.

Source: MEDLINE

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154. Limitations of conservative treatment for repeat Cesarean scar pregnancy

Author(s): Hasegawa J., Ichizuka K., Matsuoka R., Otsuki K., Sekizawa A., Okai T.

Citation: Ultrasound in Obstetrics and Gynecology, March 2005, vol./is. 25/3(310-311), 0960-7692 (March 2005)

Publication Date: March 2005

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Ozgur K, Isikoglu M

Citation: Archives of Gynecology & Obstetrics, January 2005, vol./is. 271/1(73-5), 0932-0067;0932-0067 (2005 Jan)

Publication Date: January 2005

Abstract: OBJECTIVE: The objective was to discuss a case of heterotopic cornual pregnancy managed with transvaginal embryo reduction.METHODS: A 22-year-old woman with heterotopic cornual pregnancy was treated with ultrasonographically guided transvaginal injection of potassium chloride into the thorax of ectopic fetus.RESULTS: Sixteen days after the procedure, the patient presented with pelvic pain and miscarriage ensued. Control examination 1 month and 3 months later revealed normal uterine cavity and partially resorbed ectopic material.CONCLUSION: This minimally invasive approach in a hemodynamically stable patient can be considered in the management of a first trimester heterotopic cornual pregnancy. However the patient must be informed for the risk of abortion related to the procedure. Nevertheless this approach can be a treatment option in
cornual pregnancies without a simultaneous intrauterine gestation.

Source: MEDLINE

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156. Single-dose methotrexate for ectopic pregnancy treatment: Preliminary data

Author(s): Merisio C., Anfuso S., Berretta R., Gualdi M., Pultrone D.C., Melpignano M.

Citation: Acta Biomedica de l'Ateneo Parmense, 2005, vol./is. 76/1(33-36+63), 0392-4203 (2005)

Publication Date: 2005

Abstract: Background and aim of the work: our purpose was to evaluate the efficacy of a single-dose of MTX for ectopic pregnancy treatment in a sample of patients carefully selected according to strict inclusion criteria. Methods: 11 patients that matched the inclusion criteria were enrolled. Results: beta-hCG at diagnosis averaged 1349 mIU/ml out of the 11 treated patients, 10 (90%) received a single dose of MTX and had a time of EP resolution averaging 27.3 days. The remaining patient received an additional dose of MTX, equal to the start dose, with a time resolution of 35 days. Conclusions: This study provides evidence of the efficacy of MTX in EP treatment, both as therapy and as a form of clinical management: the successful medical management of EP, defined as beta-hCG levels becoming negative after administration of one or more MTX doses, was obtained in all treated cases. Mattioli 1885.

Source: EMBASE

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157. Preservation of tubal function following methotrexate treatment for ectopic pregnancy.


Citation: Tokai Journal of Experimental & Clinical Medicine, December 2004, vol./is. 29/4(183-9), 0385-0005;0385-0005 (2004 Dec)

Publication Date: December 2004

Abstract: To evaluate methotrexate (MTX) administration as a conservative treatment for ectopic pregnancy, we reviewed the medical records of 248 cases (210 patients) of MTX treatment for tubal pregnancies at our department between December 1985 and December 2003, and compared its pregnancy prognosis with that of laparoscopic salpingotomy (59 patients). With the MTX treatment, 185 patients were successfully treated, and the subsequent pregnancy rate and ectopic pregnancy rate were 48.4 % and 18.4 %, respectively, while those rates were 49.2 % and 18.6 %, respectively, after the salpingotomy. These results suggest that MTX treatment is comparable to the more conservative operation. To clarify the (dys/) function of the ectopic implantation tubes and MTX-treated tube(s), we excluded patients who had a contra-lateral healthy tube, and extracted 40 patients as "the affected tube group", where the pregnancy-related parameters were not adversely affected. The findings suggest that MTX is not necessary to preserve tubal function.

Source: MEDLINE
158. Successful management of cervical pregnancy by selective uterine artery embolization: a case report.

Author(s): Takano M, Hasegawa Y, Matsuda H, Kikuchi Y

Citation: Journal of Reproductive Medicine, December 2004, vol./is. 49/12(986-8), 0024-7758;0024-7758 (2004 Dec)

Abstract: BACKGROUND: Cervical pregnancy is potentially associated with life-threatening hemorrhage and often requires hysterectomy to stop the bleeding. Conservative management is becoming more common as treatment of cervical pregnancy. CASE: A case of cervical pregnancy presented with a severe vaginal hemorrhage at 6 weeks' gestation. The patient was conservatively managed with selective bilateral uterine artery embolization (UAE). The vaginal bleeding stopped completely after UAE. The clinical course was uneventful and serum human chorionic gonadotropin decreased immediately. The cervical mass gradually shrank and disappeared on the 31st day after UAE. UAE. CONCLUSION: This was the second case of cervical pregnancy successfully treated with only UAE.

Source: MEDLINE

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159. Subsequent pregnancy outcome after conservative treatment of a previous cesarean scar pregnancy.

Author(s): Seow KM, Hwang JL, Tsai YL, Huang LW, Lin YH, Hsieh BC

Citation: Acta Obstetricia et Gynecologica Scandinavica, December 2004, vol./is. 83/12(1167-72), 0001-6349;0001-6349 (2004 Dec)

Abstract: BACKGROUND: To assess pregnancy course and outcome after conservative treatment of a cesarean scar pregnancy. METHODS: During an 8-year period, 15 cases of cesarean scar pregnancies were diagnosed at our institution. Seven of the 14 patients for whom we successfully preserved the uterus became pregnant within 3 years after termination of the scar pregnancy. The year of diagnosis, conservative method and gestational age for these five patients were recorded. Delivery method, time interval between the scar pregnancy and subsequent pregnancy, and maternal and neonatal outcome were evaluated. RESULTS: Seven pregnancies (eight live and one dead baby) were noted. The mean interval between the ectopic pregnancy and subsequent pregnancy was 13.3 months (range 0-34 months). One patient, who became pregnant 3 months after the scar pregnancy was found, suffered uterine rupture at 38.3 weeks' gestational age. Two patients with placental accrete, and one of them who continued the existing intrauterine twin pregnancy after transvaginal sono-guided aspiration of the scar pregnancy received a cesarean hysterectomy at 32 weeks of gestation. The remaining four pregnancies were uneventful, followed by early cesarean sections at 36 weeks. CONCLUSION: The results of this first series of seven subsequent pregnancies after conservative treatment of scar pregnancies are promising. An early cesarean section before over-extension of the uterus and spontaneous labor can help to prevent uterine rupture. Placenta accrete is another severe morbidity of these patients in addition to uterine rupture. Thus a cesarean hysterectomy may be the choice of treatment.

Source: MEDLINE
160. Subsequent pregnancy outcome after conservative treatment of a previous cesarean scar pregnancy


Citation: Acta Obstetricia et Gynecologica Scandinavica, December 2004, vol./is. 83/12(1167-1172), 0001-6349 (December 2004)

Publication Date: December 2004

Abstract: Background. To assess pregnancy course and outcome after conservative treatment of a cesarean scar pregnancy. Methods. During an 8-year period, 15 cases of cesarean scar pregnancies were diagnosed at our institution. Seven of the 14 patients for whom we successfully preserved the uterus; became pregnant within 3 years after termination of the scar pregnancy. The year of diagnosis, conservative method and gestational age for these five patients were recorded. Delivery method, time interval between the scar pregnancy and subsequent pregnancy, and maternal and neonatal outcome were evaluated. Results. Seven pregnancies (eight live and one dead baby) were noted. The mean interval between the ectopic pregnancy and subsequent pregnancy was 13.3 months (range 0-34 months). One patient, who became pregnant 3 months after the scar pregnancy was found, suffered uterine rupture at 38.3 weeks' gestational age. Two patients with placental accrete, and one of them who continued the existing intrauterine twin pregnancy after transvaginal sono-guided aspiration of the scar pregnancy received a cesarean hysterectomy at 32 weeks of gestation. The remaining four pregnancies were uneventful, followed by early cesarean sections at 36 weeks. Conclusion. The results of this first series of seven subsequent pregnancies after conservative treatment of scar pregnancies are promising. An early cesarean section before over-extension of the uterus and spontaneous labor can help to prevent uterine rupture. Placenta accrete is another severe morbidity of these patients in addition to uterine rupture. Thus a cesarean hysterectomy may be the choice of treatment.

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161. The conservative management of interstitial pregnancy.

Author(s): Jermy K, Thomas J, Doo A, Bourne T

Citation: BJOG: An International Journal of Obstetrics & Gynaecology, November 2004, vol./is. 111/11(1283-8), 1470-0328;1470-0328 (2004 Nov)

Publication Date: November 2004

Abstract: OBJECTIVES: To evaluate the effectiveness of systemic methotrexate in the treatment of interstitial pregnancy. DESIGN: Prospective observational study. SETTING: An Early Pregnancy Assessment Unit in a London teaching hospital. SAMPLE: Twenty consecutive women diagnosed with an interstitial pregnancy. METHODS: Women were diagnosed with an interstitial pregnancy based on transvaginal ultrasound findings. Single dose, intramuscular methotrexate was administered on day 0. A second dose of methotrexate was given if the beta-hCG levels had not fallen by 15% between days four and seven. Weekly follow up continued until the serum beta-hCG < 5 IU. MAIN OUTCOME MEASURE: The resolution of serum beta-hCG levels without the need for surgical intervention. RESULTS: Two hundred and ninety-three ectopic gestations were diagnosed
interstitial in nature, with a median initial serum beta-hCG of 6452 IU. Of the 20 interstitial pregnancies, 17 cases received systemic methotrexate. Sixteen were treated successfully (94%), including all of the four cases with fetal heart activity present. A second methotrexate dose was given to six patients. Two cases were managed expectantly. Two cases underwent laparotomy and cornual resection: one elected for surgical management at the outset and one as a result of suspected ectopic rupture after two doses of methotrexate. There were no other complications.

CONCLUSIONS: Systemic methotrexate is a safe and highly effective treatment for interstitial pregnancy. Surgery can be avoided in the majority of women with this condition. Early recognition of the cornual pregnancy with transvaginal ultrasound is essential.

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Available in print at Lincoln County Hospital Professional Library

162. Interstitial pregnancy and transcervical curettage.
Author(s): Zhang X, Liu X, Fan H
Citation: Obstetrics & Gynecology, November 2004, vol./is. 104/5 Pt 2(1193-5), 0029-7844;0029-7844 (2004 Nov)
Publication Date: November 2004
Abstract: BACKGROUND: Interstitial pregnancies too large to be treated with methotrexate are usually managed surgically, and that may adversely affect future fertility and pregnancies. Transcervical curettage under laparoscopic guidance may be possible in some cases if the pregnancy is accessible vaginally.CASE: Three women with interstitial pregnancy were treated by transcervical suction curettage under laparoscopic guidance. In all cases, the procedure was quick, bleeding was minimal, and there were no complications. Removal was complete, and the serum beta-hCG quickly became undetectable.CONCLUSION: Transcervical curettage under laparoscopic guidance provides an alternative conservative treatment for interstitial pregnancy.

Source: MEDLINE

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163. Medical treatment of ruptured with hemodynamically stable and unruptured ectopic pregnancy patients.
Author(s): Kumtepe Y, Kadanali S
Citation: European Journal of Obstetrics, Gynecology, & Reproductive Biology, October 2004, vol./is. 116/2(221-5), 0301-2115;0301-2115 (2004 Oct 15)
Publication Date: October 2004
Abstract: OBJECTIVE: To determine the success rate of methotrexate treatment of ruptured ectopic pregnancy with hemodynamically stable and unruptured ectopic pregnancy patients.STUDY DESIGN: This prospective clinical study was carried out on 161 patients with suspected tubal ectopic pregnancy. Forty-six patients have been accepted as ruptured ectopic pregnancy with hemodynamically stable and 115 patients
have been accepted as unruptured ectopic pregnancy. All patients diagnosed with ectopic pregnancy were treated by single dose (50 mg/m²) methotrexate if they have stable hemodynamics and fulfill the criteria of methotrexate treatment. Weekly beta-hCG level was measured and if this level was under 10 IU/L, the treatment has been accepted as successful. Mann-Whitney and Fisher's exact tests were used (SPSS, 10.0) for statistical analysis.

RESULTS: The success rates of methotrexate treatments in ruptured ectopic pregnancy patients with hemodynamically stable and in patients with unruptured ectopic pregnancy were observed as 62% and 81%, respectively (P < 0.001). The treatment was successfully completed in all expectant management patients.

CONCLUSION: Although methotrexate treatment of ruptured ectopic pregnancy with hemodynamically stable patients is not as successful as in unruptured ectopic pregnancy group, 62% success rate in this group may promise a treatment choice before surgery application.

Source: MEDLINE

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Citation: Human Reproduction, August 2004, vol./is. 19/8(1774-7), 0268-1161;0268-1161 (2004 Aug)

Publication Date: August 2004

Abstract: Interstitial pregnancy is rare and dangerous variation of ectopic pregnancy. We describe a case of unilateral interstitial viable twin pregnancy treated by selective uterine artery embolization. A 23-year-old women with clinical and ultrasonic diagnosis of viable twin interstitial pregnancy was treated by selective uterine artery embolization after failure of systemic methotrexate treatment. Her serum beta-HCG was undetectable 2 months after the procedure and the ultrasound scan 70 days after embolization showed only multiple echogenic spots in the right uterine cornua. This therapeutic modality seems to be effective for conservative management of interstitial ectopic pregnancy, and as a prophylactic measure before surgical intervention to prevent major bleeding. Copyright 2004 European Society of Human Reproduction and Embryology

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Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

165. Mifepristone combined with methotrexate for conservative treatment of tubal ectopic pregnancy

Author(s): Li Z.H., Quan S.

Citation: Di 1 jun yi da xue xue bao = Academic journal of the first medical college of PLA, July 2004, vol./is. 24/7(829-831), 1000-2588 (Jul 2004)

Publication Date: July 2004

Abstract: OBJECTIVE: To observe the effects of mifepristone combined with methotrexate for conservative treatment of tubal ectopic pregnancy. METHODS: A total of 102 cases of tubal ectopic pregnancy diagnosed at early stage were enrolled to receive oral mifepristone at the dose of 75 mg twice daily for 3 d and intramuscular injection with calcium leucovorin at 0.1 mg/kg 24 h after a single dose of methotrexate injection (1 mg/kg.b.w.). In the control group consisting of 86 similar cases, intramuscular injection with
calcium leucovorin at 0.1 mg/kg was given 24 h after a single dose of methotrexate (1 mg/kg.b.w.). RESULTS: Ninety-four of the 102 cases (92.20%) receiving oral mifepristone combined with calcium leucovorin and methotrexate were cured, a curative rate significantly higher than that in the control group, where 70 cases (81.4%) were cured (P<0.05). CONCLUSION: Mifepristone combined with methotrexate is safe and effective in the treatment of tubal ectopic pregnancy, without obvious side effects.

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166. [Mifepristone combined with methotrexate for conservative treatment of tubal ectopic pregnancy].

Author(s): Li ZH, Quan S

Citation: Di Yi Junyi Daxue Xuebao, July 2004, vol./is. 24/7(829-31), 1000-2588;1000-2588 (2004 Jul)

Publication Date: July 2004

Abstract: OBJECTIVE: To observe the effects of mifepristone combined with methotrexate for conservative treatment of tubal ectopic pregnancy.METHODS: A total of 102 cases of tubal ectopic pregnancy diagnosed at early stage were enrolled to receive oral mifepristone at the dose of 75 mg twice daily for 3 d and intramuscular injection with calcium leucovorin at 0.1 mg/kg 24 h after a single dose of methotrexate injection (1 mg/kg.b.w.). In the control group consisting of 86 similar cases, intramuscular injection with calcium leucovorin at 0.1 mg/kg was given 24 h after a single dose of methotrexate (1 mg/kg.b.w.).RESULTS: Ninety-four of the 102 cases (92.20%) receiving oral mifepristone combined with calcium leucovorin and methotrexate were cured, a curative rate significantly higher than that in the control group, where 70 cases (81.4%) were cured (P<0.05).CONCLUSION: Mifepristone combined with methotrexate is safe and effective in the treatment of tubal ectopic pregnancy, without obvious side effects.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Jin H, Zhou J, Yu Y, Dong M

Citation: Journal of Reproductive Medicine, July 2004, vol./is. 49/7(569-72), 0024-7758;0024-7758 (2004 Jul)

Publication Date: July 2004

Abstract: BACKGROUND: Intramural pregnancy is a rare type of ectopic pregnancy and may be easily misdiagnosed as cornual pregnancy or trophoblastic tumor. Hysterectomy is performed due to extensive bleeding and uterine rupture in most cases. The incidence is <1% of ectopic pregnancy. Eighteen cases were reported in the People's Republic of China and 33 in the rest of the world since 1957. For a young woman who wishes to maintain her fertility, it is important to make an early diagnosis and to undertake conservative treatment.CASES: A 29-year-old woman, gravida 3, para 1, was admitted because of missed periods for >70 days, 1 week of mild vaginal bleeding and lower abdominal pain. Her serum beta-human chorionic gonadotropin (beta-hCG) level was 765 U/L. Transvaginal sonography (TVS) revealed an ill-defined mass measuring 3.0 x 3.5 x 2.0 cm within the fundal myometrium adjacent to the covering. At laparotomy, a mass 3 cm in diameter bulged from the left fundal covering and was resected to the surface of myometrium. The patient preserved her fertility through successful repair of the uterus. A
39-year-old woman, gravida 4, para 1, was admitted because of irregular vaginal bleeding for 2 months after intrauterine device insertion. Her serum beta-hCG level was 228 U/L. TVS revealed amorphous echoes in the uterine cavity. We made an initial, presumptive diagnosis of incomplete abortion. Curettage was performed, but no fetal elements were found. The serum beta-hCG level was 360 U/L after 1 week. Computed tomography revealed a trophoblastic tumor with deep invasion of the myometrium. A subradical abdominal hysterectomy was performed and gave the impression of chorionic carcinoma. Pathologic examination revealed diffuse hemorrhage and early invasion of chorionic villi in the fundal myometrium with focal decidual reaction of the endometrium. The diagnosis of intramural pregnancy was made after the operation. CONCLUSION: Both cases of intramural pregnancy were treated successfully.

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Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

168. Differential diagnosis of suspected cervical pregnancy and conservative treatment with the combination of laparoscopy-assisted uterine artery ligation and hysteroscopic endocervical resection.

Author(s): Kung FT, Lin H, Hsu TY, Chang CY, Huang HW, Huang LY, Chou YJ, Huang KH

Citation: Fertility & Sterility, June 2004, vol./is. 81/6(1642-9), 0015-0282;0015-0282 (2004 Jun)

Publication Date: June 2004

Abstract: OBJECTIVE: To determine the accuracy of differential diagnosis by team consultation of abortion in progression, low-lying implantation/cervicoisthmic pregnancy, and cervical pregnancy (CP) in patients referred for suspicion of abnormal implantation on the lower segment and cervix of the uterus and to determine the efficacy of endoscopic surgery with uterine artery blockade followed by cervical evacuation in the treatment of confirmed CP. DESIGN: Prospective observational study under multiple-clinic and multiple-hospital cooperation. SETTING: Tertiary clinical and academic medical center. PATIENT(S): Twenty-seven women with a tentative diagnosis of CP made at their primary gynecologists' offices from July 1999 to June 2003. INTERVENTION(S): Second-opinion ultrasound scanning with transabdominal and transvaginal approach and optional color Doppler use. For patients with confirmed CP, a new treatment modality with laparoscopy-assisted uterine artery ligation followed by hysteroscopic local endocervical resection to remove the ectopic pregnancy was employed. For patients with abortion in progression or low-lying implantation/cervicoisthmic pregnancy (non-CP) requiring termination, dilatation and curettage (D&C) was performed under transabdominal ultrasound guidance. MAIN OUTCOME MEASURE(S): Fulfillment of ultrasound-based diagnostic criteria and operative course, convalescence, and commencement of menstruation in those patients with confirmed CP. RESULT(S): Cervical pregnancy was diagnosed in six (22.2%) patients at

Source: MEDLINE

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173. Cesarean scar pregnancy: Issues in management


Citation: Ultrasound in Obstetrics and Gynecology, March 2004, vol./is. 23/3(247-253), 0960-7692 (March 2004)

Publication Date: March 2004
Abstract: Objective: To evaluate our experience with the diagnosis and treatment of Cesarean scar pregnancy. Methods: During a 6-year period, 12 cases of Cesarean scar pregnancy were diagnosed using transvaginal color Doppler sonography and treated conservatively to preserve fertility. Incidence, gestational age, sonographic findings, beta-human chorionic gonadotropin (beta-hCG) levels, flow profiles of transvaginal color Doppler ultrasound, and methods of treatment were recorded. Results: The incidence of Cesarean scar pregnancy was 1:2216 and its rate was 6.1% in women with an ectopic pregnancy and at least one previous Cesarean section. Gestational age at diagnosis ranged from 5 + 0 to 12 + 4 weeks. The time interval from the last Cesarean section to the diagnosis of Cesarean scar pregnancy ranged from 6 months to 12 years. High-velocity and low-impedance subtrophoblastic flow (resistance index, 0.38) persisted until beta-hCG declined to normal. Patients were treated as follows: transvaginal ultrasound-guided injection of methotrexate into the embryo or gestational sac (n = 3), transabdominal ultrasound-guided injection of methotrexate (n = 2), transabdominal ultrasound-guided injection of methotrexate followed by systemic methotrexate administration (n = 2), systemic methotrexate administration alone (n = 2), dilatation and curettage (n = 2), or local resection of the gestation mass (n = 1). Eleven of the 12 patients preserved their reproductive capacity; the remaining patient, treated by dilatation and curettage, underwent a hysterectomy because of profuse vaginal bleeding. The Cesarean scar mass regressed from 2 months to as long as 1 year after treatment. Uterine rupture occurred in one patient during the following pregnancy at 38 + 3 weeks' gestational age. Conclusion: Ultrasound-guided methotrexate injection emerges as the treatment of choice to terminate Cesarean scar pregnancy. Surgical or invasive techniques, including dilatation and curettage are not recommended for Cesarean scar pregnancy due to high morbidity and poor prognosis. Copyright 2004 ISUOG. Published by John Wiley & Sons, Ltd.

Source: EMBASE

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Author(s): Al-Khan A, Jones R, Fricchione D, Apuzzio J

Citation: Journal of Reproductive Medicine, February 2004, vol./is. 49/2(121-2), 0024-7758;0024-7758 (2004 Feb)

Publication Date: February 2004

Abstract: BACKGROUND: Ectopic pregnancy is the leading cause of first-trimester maternal death, accounting for 9% of pregnancy-related deaths. Interstitial (cornual) pregnancies represent 6% of all ectopics but account for a disproportionately higher mortality rate. Surgical management has been the treatment of choice for interstitial pregnancies. A very limited number of articles pre have explored the use of intravenous methotrexate to treat cornual pregnancy as a possible conservative first-line therapy in selected, hemodynamically stable patients.CASE: A patient with a confirmed interstitial pregnancy was treated with intravenous methotrexate. The patient's beta-hCG levels decreased to zero within 9 weeks.CONCLUSION: Intravenous methotrexate was used successfully in the treatment of an interstitial pregnancy without complications.

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Abstract: Cervical pregnancy is a rare obstetrical complication. Conservative management with systemic methotrexate has been reported to be successful, obviating the need for surgical treatment which entails a risk for hysterectomy. We report the case of a nulliparous patient with a cervical pregnancy diagnosed at 9 weeks' gestation who after systemic methotrexate treatment necessitated conservative surgical management. This patient highlights the utility of identified risk factors for failure of methotrexate treatment.

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Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

176. Medical management of ectopic pregnancy with extremely high beta-HCG levels: a case report.

Author(s): Yuce MA, Gucer F, Balkanli-Kaplan P, Sayin NC

Citation: Clinical & Experimental Obstetrics & Gynecology, 2004, vol./is. 31/3(242-3), 0390-6663;0390-6663 (2004)

Publication Date: 2004

Abstract: We report the successful treatment of an unruptured ectopic pregnancy in a patient with extremely high beta-human chorionic gonadotropin concentrations. A 33-year-old woman, gravida 2, para 0, abortus 1, presented to our department due to menstrual delay. On transvaginal ultrasonography, she had an unruptured ectopic pregnancy (3.5 x 4.5 cm). Her initial beta-HCG concentration was 38,270 mIU/ml. The administration of methotrexate (50 mg/m2) was performed intramuscularly. Serum beta-HCG levels decreased > 15% between post-therapy days 4 (31,324 mIU/ml) and 7 (13,108 mIU/ml), and did not rise during the subsequent weekly controls. In selected cases with unruptured ectopic pregnancy and extremely high initial beta-HCG levels, medical management with a single-dose methotrexate regimen may be successful.

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177. Serum beta-hCG level: Can it discriminate between unruptured and ruptured tubal ectopic pregnancies?

Author(s): Arslan S., Tuncay G., Aytan H., Tapisiz O.L.

Citation: Middle East Fertility Society Journal, 2004, vol./is. 9/3(215-219), 1110-5690 (2004)

Publication Date: 2004

Abstract: Objective: To evaluate the predictive value of serum beta-hCG levels in discrimination of intact tubal pregnancies from ruptured tubal pregnancies. Design: Prospective cohort study. Setting: A training hospital; Turkey Patients: Consecutively seen patients from September 1998 to December 2002 with tubal ectopic pregnancies confirmed by laparoscopy and or laparatomy. Results: 189 patients with tubal ectopic pregnancies were included in the study. 151 cases were confirmed by laparoscopy and or laparatomy. 39 patients had tubal rupture and active bleeding. 121 patients were found to have intact tubes. There was a positive correlation between serum beta-hCG levels and the size of ectopic pregnancies (p<0.001). The mean size of ectopic pregnancies in the ruptured
group was 32.8 SEM 1.7 and 44.1 SEM 3.1 in the ruptured group (p<0.001). However, no significant correlation was found between serum beta-hCG levels and the tubal status (p=0.917). Conclusion: There is no correlation between serum beta-hCG levels and the tubal status in the tubal ectopic pregnancies, so preoperative serum beta-hCG levels cannot be used in prediction of tubal integrity.

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methotrexate was submitted. Results. The overall success rate of MTX treatment was 91%; the 2nd dose of MTX was used in 12% of patients, whereas in only 6 out of 68 patients included in the medical treatment group a surgical approach for suspected tubal rupture was necessary. Conclusion. Treatment with methotrexate is effective and safe in the presence of these criteria: patient hemodynamically stable, absence of tubal rupture sign and hemoperitoneum, an adnexal mass with a diameter <=5 cm, an amenorrhea <=6 weeks and HCG levels <=10 000 mIU/ml. Laparoscopy is indicated in diagnostic uncertainty, when MTX is not suggested, when adnexal mass is >5 cm, or in patients in which beta-hCG levels was >10 000 mIU/ml.

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180. Ruptured interstitial pregnancy presenting with negative beta-hCG and hypovolemic shock.

Author(s): Kim SW, Ha YR, Chung SP, Kwon OY
Citation: American Journal of Emergency Medicine, October 2003, vol./is. 21/6(511), 0735-6757 (2003 Oct)
Publication Date: October 2003
Source: MEDLINE
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Author(s): Olah KS
Citation: BJOG: An International Journal of Obstetrics & Gynaecology, October 2003, vol./is. 110/10(956-7), 1470-0328;1470-0328 (2003 Oct)
Publication Date: October 2003
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Available in print at Lincoln County Hospital Professional Library


Author(s): Kim S.-W., Ha Y.-R., Chung S.-P., Kwon O.-Y.
Citation: American Journal of Emergency Medicine, October 2003, vol./is. 21/6(511), 0735-6757 (October 2003)
Publication Date: October 2003
Source: EMBASE
183. Conservative treatment by angiographic artery embolization of an 11-week cervical pregnancy after a period of heavy bleeding.

Author(s): Suzumori N, Katano K, Sato T, Okada J, Nakanishi T, Muto D, Suzuki Y, Ikuta K, Suzumori K

Citation: Fertility & Sterility, September 2003, vol./is. 80/3(617-9), 0015-0282;0015-0282 (2003 Sep)

Publication Date: September 2003

Abstract: OBJECTIVE: To describe a rare case of conservative treatment of an 11-week cervical pregnancy after a period of heavy bleeding.DESIGN: Case report.SETTING: A university hospital.PATIENT(S): A 33-year-old woman was admitted to our hospital for treatment of a cervical pregnancy. Two-and-a-half years thereafter, she gave birth to a healthy baby by vaginal delivery at 38 weeks of gestation.INTERVENTION(S): Systemic methotrexate treatment, ligation of descending branches of uterine arteries, cervical cerclage, and unilateral internal iliac artery embolization.MAIN OUTCOME MEASURE(S): Transvaginal ultrasound, magnetic resonance imaging, and arteriography findings.RESULT(S): The patient was successfully treated with unilateral internal iliac artery embolization on the same side as the pregnancy in the 11th gestational week.CONCLUSION(S): After failed methotrexate and vessel ligation in cervical pregnancy, unilateral internal iliac artery embolization is an effective and conservative treatment that allows preservation of reproduction potential.

Source: MEDLINE

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Author(s): Bouyer J, Fernandez H, Coste J, Pouly JL, Job-Spira N

Citation: Journal de Gynecologie, Obstetrique et Biologie de la Reproduction, September 2003, vol./is. 32/5(431-8), 0368-2315;0150-9918 (2003 Sep)

Publication Date: September 2003

Abstract: OBJECTIVES: The purpose of this work was to study the fertility after ectopic pregnancy (EP) according to the type of contraception at the time of EP (none, IUD, other) and treatment (medical, conservative surgical, radical).MATERIAL AND METHODS: Ten-year Auvergne EP registry data were analyzed (1626 women, among whom 741 tried to become pregnant again). Fertility was characterized by the time to a new pregnancy and its outcome (EP recurrence, intrauterine pregnancy (IUP)). The censored data methodology was used.RESULTS: The rate of recurrence was much higher in women who had a IUD at the time of EP than in women without contraception. The opposite trend was observed for IUP (the rate of IUP was 1.7-fold higher in women who had a IUD at the time of EP). The rate of recurrence doubled in women treated medically. The rate of IUP was significantly lower in women given conservative treatment than in women given radical treatment.CONCLUSION: Contraception at the time of EP must be considered when studying subsequent fertility. The increase in rate of recurrence following medical treatment observed in the present study should be confirmed by others in search for an explanation. Our results point out the need for control trials on EP treatment, and provide data for planning such trials.
185. **Conservative treatment of ectopic pregnancy in a caesarean section scar**

**Author(s):** Chuang J., Seow K.-M., Cheng W.-C., Tsai Y.-L., Hwang J.-L.

**Citation:** BJOG: An International Journal of Obstetrics and Gynaecology, September 2003, vol./is. 110/9(869-870), 1470-0328 (01 Sep 2003)

**Publication Date:** September 2003

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186. **Viable cervical pregnancy managed with systemic Methotrexate, uterine artery embolization, and local tamponade with inflated Foley catheter balloon.**

**Author(s):** Sherer DM, Lysikiewicz A, Abulafia O

**Citation:** American Journal of Perinatology, July 2003, vol./is. 20/5(263-7), 0735-1631;0735-1631 (2003 Jul)

**Publication Date:** July 2003

**Abstract:** We present an unusual case of a primigravida with a viable cervical pregnancy diagnosed by transvaginal ultrasound and magnetic resonance imaging. Staggered conservative therapeutic measures included systemic high-dose Methotrexate with Folinic acid rescue followed by bilateral embolization of the uterine arteries in response to active cervical bleeding despite declining serum beta-human chorionic gonadotropin levels. Continued active cervical bleeding responded to local tamponade with an inflated Foley catheter balloon positioned within the cervical canal. Conservative treatment was successful, with complete resolution of the cervical pregnancy, resumption of normal menstrual cycles, and a normal transvaginal ultrasonographic appearance of the cervical canal, documented 8 weeks after the initial diagnosis. This case and review of the literature support that various staggered conservative hemostatic measures may be used at various points in which bleeding may occur in the conservative management algorithm of cervical pregnancy.

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187. **Combination of laparoscopic bilateral uterine artery ligation and intraamniotic methotrexate injection for conservative management of cervical pregnancy.**

**Author(s):** Lin H, Kung FT

**Citation:** Journal of the American Association of Gynecologic Laparoscopists, May 2003,
Abstract: STUDY OBJECTIVE: To evaluate whether the combination of laparoscopic bilateral uterine artery ligation and intraamniotic methotrexate injection may eliminate unexpected and uncontrolled massive uterine bleeding without compromising future fertility in women with cervical pregnancy. DESIGN: Prospective study (Canadian Task Force classification II-2). SETTING: Tertiary-care university hospital. PATIENTS: Three women. INTERVENTION: Laparoscopic bilateral uterine artery ligation and intraamniotic methotrexate injection. MEASUREMENTS AND MAIN RESULTS: Three cases of cervical pregnancy were diagnosed by ultrasound at 6, 7, and 9 weeks’ gestation. After treatment, all three women experienced intermittent vaginal bleeding, but none required transfusion. Levels of b-human chorionic gonadotropin returned to normal within 7 weeks, and patients resumed normal menstruation within 11 weeks after treatment. One woman conceived an intrauterine pregnancy 3 months after restoration of normal menstruation, and was delivered at term. CONCLUSION: The combination of laparoscopic bilateral uterine artery ligation and intraamniotic methotrexate injection appears to be effective in preventing unexpected massive uterine bleeding in patients with cervical pregnancy, and does not compromise future fertility.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
**Publication Date:** April 2003

**Abstract:** OBJECTIVE: To determine the relationship between gestational age, tubal ultrasonographic diameter, and serum hCG levels and different stages of trophoblastic infiltration of the tubal wall in ectopic pregnancy. DESIGN: Blinded prospective study. SETTING: University-based clinic in Italy. PATIENT(S): Thirty-seven consecutive patients with an ampullary ectopic pregnancy. INTERVENTION(S): Laparoscopic salpingectomy. MAIN OUTCOME MEASURE(S): Gestational age, diameter of the tubal mass as determined by transvaginal ultrasonography, and hCG level on the day of surgery. Ectopic pregnancy was classified according to the depth of trophoblastic infiltration: trophoblast limited to the tubal mucosa (stage I), extension to the tubal muscularis (stage II), or complete tubal wall infiltration up to the serosa discontinued by trophoblastic cells (stage III). RESULT(S): Fifteen patients (40.5%) had stage I tubal infiltration, 14 (37.8%) had stage II infiltration, and 8 (21.6%) had stage III infiltration. Gestational age and diameter of the tube did not differ among the three groups. The median hCG level was 1,710.5 mIU/mL (range, 113-5,635 mIU/mL) for patients with stage I infiltration, 4,690.0 mIU/mL (range, 150-21,531 mIU/mL) for patients with stage II infiltration, and 15,700.0 mIU/mL (range, 13,809-21,650 mIU/mL) for patients with stage III infiltration. All the patients with hCG levels > 6,000 mIU/mL had stage II or III invasion. CONCLUSION(S): These findings may explain why the conservative treatment of ectopic pregnancy is less successful in patients with high hCG levels than in patients with low levels. Use of radical procedures may be justified in the former group.

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190. **Rupture of a uterine horn after laparoscopic salpingectomy. A case report.**

**Author(s):** Ayoubi JM, Fanchin R, Lesourd F, Parant O, Reme JM, Monrozies X

**Citation:** Journal of Reproductive Medicine, April 2003, vol./is. 48/4(290-2), 0024-7758;0024-7758 (2003 Apr)

**Publication Date:** April 2003

**Abstract:** BACKGROUND: Uterine rupture after salpingectomy, especially associated with cornual resection, is a rare, serious pregnancy complication. CASE: A spontaneous uterine rupture occurred during the second trimester of pregnancy, following salpingectomy with resection of the interstitial portion. Conservative treatment was performed, and fertility was preserved. CONCLUSION: Postsalpingectomy pregnancies must be carefully and frequently monitored, with ultrasonography used at the slightest clinical symptom. A postsalpingectomy rupture must be treated surgically, preferably with conservative treatment rather than hysterectomy.

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191. **A comparative case-controlled study of laparoscopic vs laparotomy management of ectopic pregnancy: an evaluation of reproductive performance after radical vs conservative treatment of tubal ectopic pregnancy.**

**Author(s):** Tahseen S, Wylde M

**Citation:** Journal of Obstetrics & Gynaecology, March 2003, vol./is. 23/2(189-90), 0144-3615;0144-3615 (2003 Mar)
Ectopic pregnancy is the most common cause of maternal death in early pregnancy (RCOG 1997-1999) and its incidence is rising. Most of the ectopic pregnancies occur in the young age group and subsequent fertility is an important issue. Laparoscopic surgery has advantages over open surgery and results in higher rates of subsequent intrauterine pregnancies and a lower rate of ectopic pregnancy (Fernandez, 1998). There is no consensus in the literature regarding conservative versus radical treatment of tubal pregnancy in terms of future reproductive performance (Hajenius, 2000). There are no randomised controlled trials of sufficient power, and meta-analysis of studies has shown different results with different investigators (Yao, 1997; Clausen, 1996). Most of the studies have shown higher intrauterine pregnancy (IUP) rates after salpingotomy (2-23% higher IUP rates) than after salpingectomy. We carried out this study in the East Birmingham Hospitals (Teaching) NHS Trust, West Midlands UK, to contribute to the ongoing debate.

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192. Conservative management of placenta accreta and unruptured interstitial cornual pregnancy using methotrexate.

**Author(s):** Lalchandani S, Geary M, O’Herlihy C, Sheil O

**Citation:** European Journal of Obstetrics, Gynecology, & Reproductive Biology, March 2003, vol./is. 107/1(96-7), 0301-2115;0301-2115 (2003 Mar 26)

**Publication Date:** March 2003

**Abstract:** We describe two cases which demonstrate methotrexate (mtx) to be an effective alternative to surgery in two serious complications of early pregnancy, namely placenta accreta diagnosed at attempted evacuation of retained products of conception and interstitial cornual pregnancy diagnosed at laparoscopy.

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193. Conservative management of ectopic pregnancy with fetal cardiac activity by combined local (sonographically guided) and systemic injection of methotrexate.

**Author(s):** Halperin R, Vaknin Z, Schneider D, Yaron M, Herman A

**Citation:** Gynecologic & Obstetric Investigation, 2003, vol./is. 56/3(148-51), 0378-7346;0378-7346 (2003)

**Publication Date:** 2003

**Abstract:** OBJECTIVE: To evaluate the efficacy of conservative management of ectopic pregnancy with fetal cardiac activity by combined local sonographically guided and systemic injection of methotrexate. STUDY DESIGN: The study group included 12 patients with ectopic pregnancy and fetal cardiac activity, treated by combined local and systemic injection of methotrexate in the period from January 1, 2000 to July 1, 2002. The outcome of these patients was compared with the outcome of 53 patients who had ectopic pregnancy without fetal cardiac activity and were being treated only by systemic injection of methotrexate during the same period of time. RESULTS: The success rate was 91.6% (11 out of 12) in the group of patients with ectopic fetal cardiac activity and 90.5% (48 out of 53) in the group of patients with ectopic pregnancy, but without fetal cardiac activity. There was also no significant difference between the two groups comparing the percentage of
cases treated by an additional dose of methotrexate (8.3 and 13.2%, respectively), nor comparing the number of days to resolution of beta-human chorionic gonadotrophin (BHCG; 40 +/- 2 and 34 +/- 10 days, respectively). Conversely, there was a significant difference in the initial BHCG level comparing the group of patients treated by combined local and systemic injection of methotrexate (12,616 +/- 9,585 mIU/ml) and the group of patients treated by systemic injection of methotrexate (1,499 +/- 2,065 mIU/ml) (p < 0.00001). Seventy-five percent of patients (6 out of 8) diagnosed with ectopic fetal cardiac activity, who desired to become pregnant, succeeded to conceive within 6 months following the combined local and systemic injection of methotrexate.CONCLUSION: The combined local sonographically guided and systemic injection of methotrexate is associated with a successful outcome in asymptomatic patients presenting with ectopic pregnancy and fetal cardiac activity. Copyright 2003 S. Karger AG, Basel

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194. The potential of preoperative beta-hCG and progesterone levels to predict failure of laparoscopic linear salpingostomy in ectopic pregnancies.

Author(s): Tews G, Ebner T, Yaman C, Polz W, Sommergruber M, Hartl J

Citation: Journal of the American Association of Gynecologic Laparoscopists, November 2002, vol./is. 9/4(460-3), 1074-3804;1074-3804 (2002 Nov)

Publication Date: November 2002

Abstract: STUDY OBJECTIVE: To estimate the association between preoperative beta-human chorionic gonadotropin (hCG) and progesterone levels, and success of linear salpingostomy in treatment of tubal pregnancy.DESIGN: Retrospective case control study (Canadian Task Force classification II-1).SETTING: Women's general hospital.PATIENTS: Three hundred five women undergoing laparoscopic linear salpingostomy for ectopic pregnancy.INTERVENTION: Examination of risk factors for surgical failure of salpingostomy by analyzing corresponding receiver operating curves.MEASUREMENTS AND MAIN RESULTS: In 305 women, intervention was successful in 272 and failed in 33, as assessed by either postoperative hemorrhage (16) or rising beta-hCG values (14); 3 women had both. Of 295 patients in whom beta-hCG was evaluated preoperatively, 149 (50.5%) had values of 1000 mU/ml or less; 75% had progesterone levels of 10 ng/ml or below. No association was found between preoperative beta-hCG and progesterone levels and the success of linear salpingostomy.CONCLUSION: Preoperative beta-hCG and progesterone levels are of no significance with regard to success of linear salpingostomy for treatment of tubal pregnancy.

Source: MEDLINE

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Author(s): Saygili Yilmaz ES, Aydin D, Yilmaz Z

Citation: Acta Obstetrica et Gynecologica Scandinavica, October 2002, vol./is. 81/10(988-90), 0001-6349;0001-6349 (2002 Oct)

Publication Date: October 2002

Source: MEDLINE

Full Text:
196. Hemorrhagic shock from a ruptured ectopic pregnancy in a patient with a negative urine pregnancy test result.

Author(s): Kalinski MA, Guss DA

Citation: Annals of Emergency Medicine, July 2002, vol./is. 40/1(102-5), 0196-0644;0196-0644 (2002 Jul)

Publication Date: July 2002

Abstract: Ectopic pregnancy has been increasing in frequency over the past 2 decades. The sudden rupture of a fallopian tube caused by ectopic pregnancy can lead to hemorrhagic shock and death if not diagnosed and treated in a timely fashion. The emergency physician is often the health professional that is called on to make the diagnosis and coordinate timely and effective intervention. The first step in the diagnosis of ectopic pregnancy is demonstration of pregnancy by means of a rapidly performed and sensitive qualitative urine test for the beta-subunit of human chorionic gonadotropin (beta-hCG). A negative urine pregnancy test result will generally be used to exclude ectopic pregnancy from further consideration. The following is a report of a patient presenting to an emergency department with hypovolemic shock in conjunction with 2 negative urine beta-hCG analysis results and a quantitative serum beta-hCG level of 7 mIU/mL, a value less than the lower limit of detection for the highly sensitive qualitative urine and serum tests. This case report demonstrates the importance of further consideration of the diagnosis of ectopic pregnancy in the setting of a negative urine pregnancy test result.

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197. Diagnosis and treatment of cervical pregnancy: A case study

Author(s): Mangano U., D'Alessandro A., Mangano M.C., Gianninoto A.

Citation: Italian Journal of Gynaecology and Obstetrics, July 2002, vol./is. 14/3(79-82), 1121-8339 (July/September 2002)

Publication Date: July 2002

Abstract: Objectives: To stress the importance of an early ultrasonography in the conservative treatment of ectopic pregnancy. Methods: A 33-year old pregnant woman presenting vaginal bleeding was examined. Cervical pregnancy images were recorded with an ultrasound system (Aloka 1700 SSD) using a vaginal probe (5-6.5 MHz). Conservative treatment was carried out with methotrexate. Ultrasonography and a beta-hCG serum level follow-up were also performed. Results: The patient underwent a successful treatment with systemic and local intrasacular Methotrexate (MTX) injections. Vaginal bleeding stopped. Cervical pregnancy was resolved. Conclusion: Apparently MTX chemotherapy is an appropriate and effective method for the treatment of early cervical pregnancy.

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198. **Conservative management of two ectopic pregnancies implanted in previous uterine scars.**

**Author(s):** Haimov-Kochman R, Sciaky-Tamir Y, Yanai N, Yagel S

**Citation:** Ultrasound in Obstetrics & Gynecology, June 2002, vol./is. 19/6(616-9), 0960-7692;0960-7692 (2002 Jun)

**Publication Date:** June 2002

**Abstract:** Cesarean section scar pregnancy is rare. A variety of interventions have been implemented to terminate the pregnancy and preserve the uterus; however, the optimal treatment is unknown. We describe two cases of this rare condition diagnosed by transvaginal ultrasound. In the first case the diagnosis of an 8-week non-viable gestation in a uterine scar was made sonographically in a 40-year-old woman. The patient was treated with intramuscular methotrexate. Myometrial integrity was suggested both by ultrasound findings and laparoscopic findings. In the second case, an early cervicoisthmic pregnancy in a uterine scar was diagnosed by sonography in a 39-year-old woman. This patient was treated successfully with a full course of intramuscular methotrexate. Complete disappearance of the gestational sac took place 4 months following beta-human chorionic gonadotrophin normalization. Intramuscular methotrexate may be a treatment alternative for Cesarean section scar pregnancies.

**Source:** MEDLINE

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199. **Conservative treatment by chemotherapy and uterine arteries embolization of a cesarean scar pregnancy.**

**Author(s):** Ghezzi F, Lagana D, Franchi M, Fugazzola C, Bolis P

**Citation:** European Journal of Obstetrics, Gynecology, & Reproductive Biology, June 2002, vol./is. 103/1(88-91), 0301-2115;0301-2115 (2002 Jun 10)

**Publication Date:** June 2002

**Abstract:** We report a case of a viable cesarean scar pregnancy diagnosed at 7 weeks of gestation. The patient was conservatively managed by chemotherapy, intra-amniotic instillation of potassium chloride, and bilateral uterine artery embolization. The gestational sac was not sonographically visible 44 days after the treatment. No surgical treatment was necessary.

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200. **Successful conservative treatment for advanced interstitial pregnancy. A case report.**

**Author(s):** Chen CL, Wang PH, Chiu LM, Yang ML, Hung JH

**Citation:** Journal of Reproductive Medicine, May 2002, vol./is. 47/5(424-6), 0024-7758;0024-7758 (2002 May)

**Publication Date:** May 2002

**Abstract:** BACKGROUND: Interstitial pregnancy is a relatively rare and life-threatening disease, occurring in 2-4% of all extraterine pregnancies, and the maternal mortality rate is 2-2.5%. Laparoscopic surgery and, less commonly, methotrexate are the treatments of choice for interstitial pregnancy. However, there is another treatment, ultrasound-guided
direct injection of etoposide, the effect and safety of which are unclear. CASE REPORT: In a 32-year-old woman with interstitial pregnancy at 12 weeks of gestation, ultrasound-guided direct injection of etoposide (100 mg) was used successfully after intravenous high-dose methotrexate, 300 mg (200 mg/m²), therapy failed to produce a response. The patient’s posttherapeutic course was smooth. Twelve months after treatment, she conceived and later delivered a healthy infant vaginally without adverse events. CONCLUSION: Ultrasound-guided direct injection of etoposide offers another choice for treating advanced interstitial pregnancy, but further study is needed to define its efficacy and safety.

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- 201. **Cervical ectopic pregnancy: a case report and literature review.**

  Author(s): Gun M, Mavrogiorgis M
  Citation: Ultrasound in Obstetrics & Gynecology, March 2002, vol./is. 19/3(297-301), 0960-7692;0960-7692 (2002 Mar)
  Publication Date: March 2002
  Abstract: We report a case of cervical ectopic pregnancy that was diagnosed using transabdominal ultrasound. Conservative management with methotrexate administration was undertaken and, following a period of heavy bleeding, bilateral uterine artery embolization was performed. Two weeks after presentation, the gestational sac was shown to have reduced in size. We describe the ultrasound findings in this case and discuss those reported in the literature along with the available management options.

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- 202. **Conservative treatment for a ruptured interstitial pregnancy.**

  Author(s): Lin YH, Hwang JL, Huang LW, Chou CT
  Citation: Acta Obstetricia et Gynecologica Scandinavica, February 2002, vol./is. 81/2(179), 0001-6349;0001-6349 (2002 Feb)
  Publication Date: February 2002
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- 203. **Successful conservative treatment for advanced interstitial pregnancy: A case report**

  Citation: Journal of Reproductive Medicine for the Obstetrician and Gynecologist, 2002, vol./is. 47/5(424-426), 0024-7758 (2002)
  Publication Date: 2002
  Abstract: BACKGROUND: Interstitial pregnancy is a relatively rare and life-threatening
disease, occurring in 2-4% of all extrauterine pregnancies, and the maternal mortality rate is 2-2.5%. Laparoscopic surgery and, less commonly, methotrexate are the treatments of choice for interstitial pregnancy. However, there is another treatment, ultrasound-guided direct injection of etoposide, the effect and safety of which are unclear. CASE REPORT: In a 32-year-old woman with interstitial pregnancy at 12 weeks of gestation, ultrasound-guided direct injection of etoposide (100 mg) was used successfully after intravenous high-dose methotrexate, 300 mg (200 mg/m²), therapy failed to produce a response. The patient's posttherapeutic course was smooth. Twelve months after treatment, she conceived and later delivered a healthy infant vaginally without adverse events. CONCLUSION: Ultrasound-guided direct injection of etoposide offers another choice for treating advanced interstitial pregnancy, but further study is needed to define its efficacy and safety.

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204. Conservative treatment for a ruptured interstitial pregnancy
Author(s): Lin Y.-H., Hwang J.-L., Huang L.-W., Chou C.-T.
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