

A case report of intra-myometrial pregnancy

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ABSTRACT

Intra-myometrial pregnancy is one of the rarest forms of ectopic pregnancy. It was first described by Dordelien et al in 1913. In intra-myometrial pregnancy the gestational sac remains within the myometrium without any connection to the endometrial cavity, fallopian tube or round ligament.

Keywords: Intra-myometrial pregnancy, Hysteroscopy, Ectopic

INTRODUCTION

This is a very rare location for an ectopic, and less than 50 cases have been reported in the literature (less than 1% of all ectopic pregnancies).¹ No documented case of term pregnancy exists. However, if the diagnosis is made earlier, treatment may be conservative, resulting in the preservation of reproductive potential. The etiological factors are previous trauma to uterus like myomectomy, salpingectomy, vigorous dilatation and curettage, adenomyosis. Objective in case is to remove pregnancy with hysteroscopy guidance and preservation of uterus.

CASE REPORT

A 27-year-old female with gravida 3 para 1 abortion 1 and live one male child of 3 years with normal vaginal delivery. Patient had previous one D and E at 7 weeks due failure of MTP pills. Patient had dilatation and evacuation again for the present pregnancy with no products of conception on suction and evacuation.

An ultrasound scan shows empty endometrial cavity with single G-sac in fundal myometrium of approximately 5-week 5 day. There was fibrotic band between the endometrium and myometrium. Low pressure office hysteroscopy was performed, which shows normal ostia on both side, endometrial cavity was empty and product of conception visible near fundus behind the fibrotic band.



Figure 1: Empty endometrial cavity/ single gestational sac in fundal myometrium.

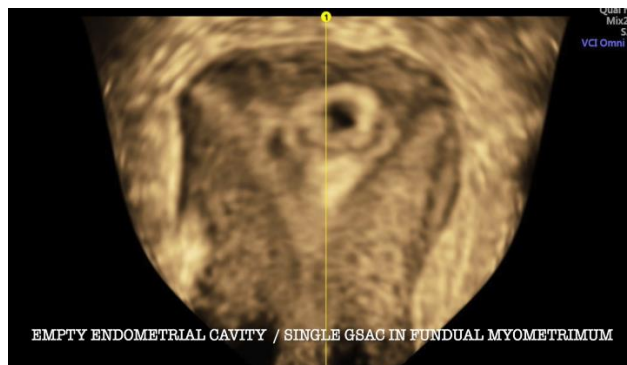


Figure 2: Empty endometrial cavity/ single gestational sac in fundal myometrium.

Under guidance of transabdominal ultrasound operative hysteroscopy was performed at low pressure < 80 mmHg with 1.8 mm office hysteroscope. The fibrotic band was resected with the cold scissors and products of conception were released from myometrium. Rest of products were removed by suction and evacuation with karmans cannula no. 7 under sonography guidance and complete evacuation was confirmed. Products of conception was confirmed histo-pathologically. Post operative period was uneventful and patient was discharged on second day. On follow up serial ultrasonography performed and was normal.

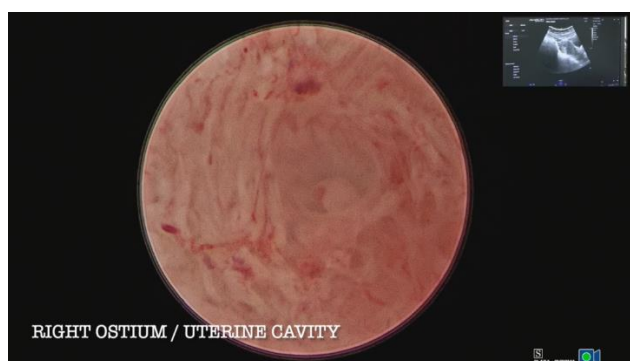


Figure 3: Right ostium and uterine cavity.

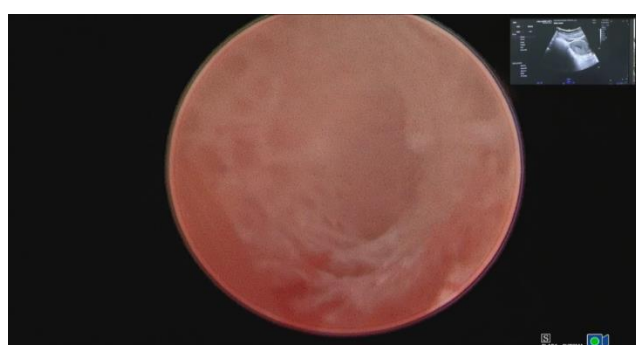


Figure 4: Empty uterine cavity on hysteroscopy.



Figure 5: Suction and evacuation done under transabdominal sonography guidance.

DISCUSSION

Intra-myometrial pregnancy is defined as a presence of conceptus within the myometrium and separated from the endometrial cavity and both fallopian tubes. The incidence of intra-myometrial pregnancy is 1% amongst the ectopic pregnancy. This type of pregnancy rarely goes beyond 12 weeks, and risks for uterine rupture and maternal mortality is about 2.5%.² The etiological factor for intra-myometrial pregnancy is the previous uterine trauma like D and E, which forms the sinus tract within the endometrium and causes defective decidualization and increased trophoblastic activity, and allows the embryo to penetrate the myometrium. The traumatic condition can be in the form of caesarean section, myomectomy, manual removal of placenta, dilation and curettage.¹

Various other techniques can be used for such type of pregnancy like mini laparotomy, hysterotomy, operative laparoscopy and hysteroscopy and even medical management with methotrexate can be done.^{3,4}

CONCLUSION

In case of suspicion of ectopic pregnancy, imaging techniques helps very much to make appropriate diagnosis. To prevent fatal prognosis early diagnosis and proper management of myometrial pregnancy is very much important. Transvaginal sonography helps in the diagnosis of the ectopic intra-myometrial gestational sac.

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