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## Case Report

# Cervical ectopic pregnancy presented with massive life threatening haemorrhage: a case report

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### ABSTRACT

Here we report a case of a cervical ectopic pregnancy presented with massive life threatening haemorrhage and its subsequent management. After an unsuccessful attempt to stop the bleeding with balloon catheter and vaginal tamponade, a total abdominal hysterectomy was performed, this is the procedure of choice for treatment of cervical pregnancy under conditions of urgency and life-threatening bleeding.

**Keywords:** Cervical ectopic pregnancy, Massive haemorrhage, Hysterectomy

### INTRODUCTION

Cervical pregnancy is a rare form of non-tubal ectopic pregnancy in which the products of conception are implanted in the cervix, accounting for <1% of all ectopic gestations.<sup>1</sup> Its incidence varies between 1 in 1000 to 96000 pregnancies.<sup>2</sup> Although its etiology remains unclear, there are reports of association with chromosomal abnormality, assisted reproductive techniques, prior history of surgical procedure that may have damaged endometrial lining such as dilatation and curettage, caesarean section and use of intrauterine device.<sup>3</sup>

### CASE REPORT

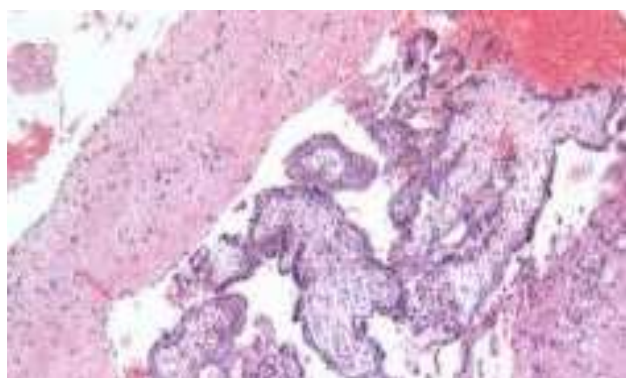
A 39 year old woman, G5 P3+1 L3, all spontaneous vaginal deliveries, last child birth 7 years back, referred to our emergency department in shock with history of excessive vaginal bleeding following an attempt of D & E at a private facility. Tight vaginal packing was done there to control the bleeding. According to history, she had irregular vaginal bleeding since 3 months for which she went to private facility. She also gave a history of medical termination of pregnancy 7 months back, following which she had 4 regular menstrual cycles, and then she complained of irregular vaginal bleeding. On

admission, the patient was in semiconscious state with cold clammy extremities with pulse rate was 120 per minute; respiratory rate of 26 per minute and blood pressure of 80/50 mmHg. On examination, after removing vaginal packs, there was significant bleeding from vagina. Per vaginal examination revealed a barrel shaped cervix with open external os from which product of conception could be felt. Uterus was enlarged and fornices were free. Her urine pregnancy test was positive. Her hemoglobin was 5.5gm%. Her immediate ultrasonography revealed a large heteroechoic lesion of 7.3cm×5.2cm×5.1cm over the cervix suggesting possibility of cervical pregnancy or degenerated cervical fibroid. The patient received initial volume resuscitation and taken to the operation theatre for control of bleeding by balloon tamponade with Foley's catheter. But the patient continued to have significant vaginal bleeding with haemodynamic instability. A decision of emergency hysterectomy was taken to save the life of the patient. Intra operatively, uterus was found to be enlarged with ballooned up cervix. Bilateral adnexa was normal. Hysterectomy with left sided salpingectomy was done (Figure 1). The patient received 5 units of whole blood during intra- and immediate postoperative period. Patient had uneventful recovery and was discharged on 7<sup>th</sup> postoperative day.



**Figure 1: Specimen of uterus cut open in cervical region showing gestational sac attached with the wall of cervix.**

Histopathological examination showed degenerated chorionic villi, necrosis and haemorrhagic material indicating a cervical ectopic pregnancy (Figure 2).



**Figure 2: Microscopic appearance of section from mass in cervix showing evidence of chorionic villi.**

## DISCUSSION

Cervical pregnancy is a rare form of ectopic pregnancy which usually presents with excessive first trimester vaginal bleeding. Clinical diagnosis is difficult but USG is most important diagnostic tool. The treatment options for a cervical pregnancy depend on the hemodynamic condition of the patient. For haemodynamically stable patient, conservative treatment like; a systemic or local methotrexate injection, injection KCL, curettage followed by local prostaglandins instillation, cervical cerclage, balloon tamponade and angiographic embolization can be used.<sup>4-8</sup> When uncontrolled haemorrhage occurs, uterine

artery ligation, bilateral hypogastric artery ligation or even hysterectomy has to be performed. However, Diagnosis of cervical pregnancy is commonly delayed and is often made intra operatively in the presence of massive blood loss, necessitating an emergency hysterectomy in ~50% of cases.<sup>9</sup> We had a similar experience.

## CONCLUSION

Routine first trimester ultrasonography is essential for early diagnosis of cervical pregnancy and for trial of conservative management so as to avoid interventions which could lead to severe haemorrhage necessitating hysterectomy. Whenever patient presents with severe vaginal bleeding in early pregnancy, possibility of cervical pregnancy should be considered.

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