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Biography

Ovoke Egagifo is a Specialty Doctor in Obstetrics and Gynaecology at Somerset NHS Foundation Trust, United Kingdom. She has authored peer-reviewed publications and presented clinical, audit, and quality improvement work at local and regional meetings. Her professional interests include maternal medicine, complex pregnancy care, patient safety, and medical education. This presentation reflects her interest in uncommon medical disorders in pregnancy and multidisciplinary obstetric care.

Management of interstitial ectopic pregnancy: diagnostic challenges and surgical management following pregnancy of unknown location

Abstract

Background: Interstitial ectopic pregnancy is a rare but potentially life-threatening form of ectopic pregnancy associated with delayed diagnosis and a high risk of haemorrhage if rupture occurs. Diagnosis may be challenging when initial ultrasound findings are inconclusive and the pregnancy is managed as a pregnancy of unknown location (PUL).

Case: A 30-year-old woman, G3P1+1, presented at approximately 5 weeks' gestation with light vaginal bleeding and mild abdominal pain. Initial examination was unremarkable and serum β -hCG was 96 IU/L. Serial β -hCG measurements demonstrated an appropriate rise, increasing to 207 IU/L after 48 hours, 1048 IU/L one week later, and 2782 IU/L after a further 48 hours. Transvaginal ultrasound at approximately 6 weeks demonstrated no intrauterine pregnancy, adnexal mass or free fluid, and a diagnosis of PUL was made. Ongoing surveillance was undertaken as the patient remained clinically stable. At approximately 8 weeks' gestation, repeat transvaginal ultrasound demonstrated a gestational sac measuring 19 × 13 mm within the left interstitial region of the uterus. Serum β -hCG had risen to 46,165 IU/L. Laparoscopic wedge resection with left salpingectomy was performed. Operative findings confirmed an interstitial ectopic pregnancy without significant haemoperitoneum. Estimated blood loss was 100 mL. Recovery was uncomplicated and the patient was discharged the following day. Subsequent follow-up demonstrated return of normal menstrual cycles and a later successful intrauterine pregnancy.

Conclusion: This case highlights the diagnostic challenges associated with interstitial ectopic pregnancy and the limitations of relying on β -hCG trends alone to predict pregnancy location. Careful surveillance, timely repeat imaging and clinical judgement remain essential in the management of pregnancies of unknown location. Early diagnosis may broaden management options and reduce the risk of severe maternal morbidity.