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TITLE

COMBINED TREATMENT OF WOMEN WITH CERVICAL ECTOPIC PREGNANCY

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ABSTRACT

Context: Frequency of cervical ectopic pregnancy (CEP) is less than 1% of all ectopic pregnancies; 1,7 on 10 000 pregnancies.

Objective: To evaluate the effectiveness of modern approaches and technologies for preserving fertility in patients with CEP.

Patients and Interventions: 47 reproductive age women with CEP were treated in Operative Gynecology department during 10 recent years. 30 of them underwent combined therapy with preoperative methotrexate chemotherapy and minimal invasive surgery (resectoscopic removing of cervical pregnancies) for preserving fertility. In 6 cases with chorion invasion into the cervix we used selective uterine artery embolization (SUAE).

Measurements and Main Results: Clinical protocol included transvaginal ultrasound with color Doppler mapping, pelvic MRI, β -hCG in serum, diagnostic hysteroscopy and followed resectoscopy with chorion removed. The term of pregnancy on admission ranged from 5 to 9 weeks of gestation and the average term was $6,2 \pm 0,9$ weeks. Patients with cervical pregnancy received methotrexate at an average of 50 mg/every 48 hours, leucovorin administered at a dose of 6 mg after 28 hours after methotrexate injection. The total dose of administered methotrexate ranged from 200 to 300 mg and depended on the body weight, week of gestation and intensity of chorion blood flow.

Conclusions: The results of this study suggest that resectoscopic removing of embryo with previous cytostatic therapy with methotrexate in combination with leucovorin allows to preserve fertility in young women with early CEP. In cases of chorion invasion into the cervix SUAЕ following resectoscopy is a treatment of choice.

INSTITUTE

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