



Diagnostic Challenges of Cervical Ectopic Pregnancy Presenting As Pregnancy of Unknown Location in the Emergency Department

Manahil R. Shaikh, BA, BS¹; Maria Awad, BS¹; Zeinab Bazzi, DO²

¹ Wayne State University School of Medicine, Detroit, MI

² Department of Obstetrics and Gynecology, Detroit Medical Center, Detroit, MI

Introduction

- Rare form of ectopic implantation within the endocervical canal
- Accounts for <1% of all ectopic cases
- Can present similarly to early intrauterine pregnancy or a pregnancy of unknown location (PUL)
- Timely diagnosis and management are key to optimizing patient outcomes in acute care settings

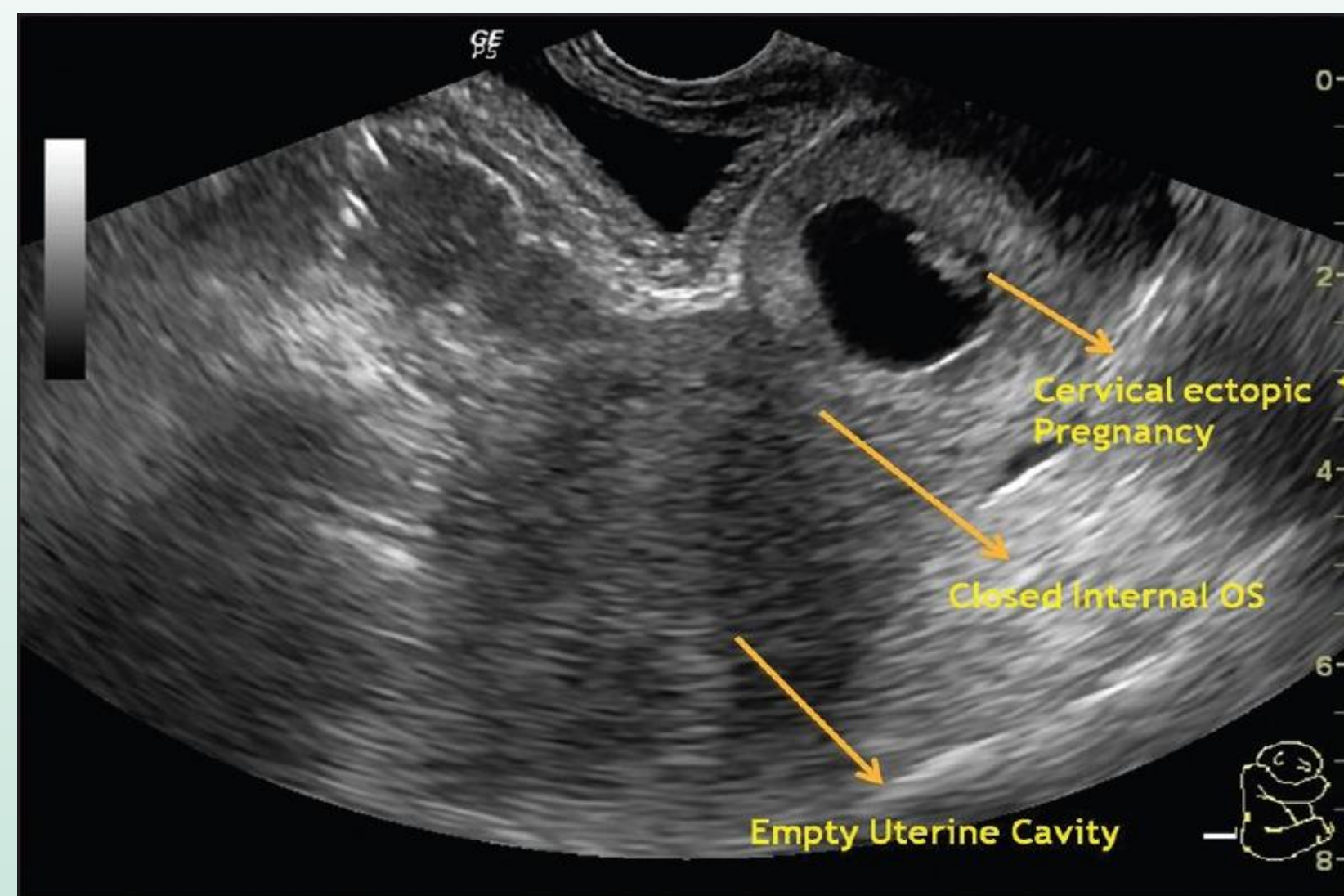


Figure One: Transvaginal ultrasound demonstrating gestational sac within the endocervical canal

References

1. Samal SK, Rathod S. Cervical ectopic pregnancy. *J Nat Sci Biol Med.* 2015;6(1):257-260. doi:10.4103/0976-9668.149221

Case Presentation

- **Chief Complaint:** 31-year-old G7P2042 female presented with vaginal bleeding and PUL
- **Prior ED visits showed:**
 - Appropriately rising β -hCG
 - Gestational sac without a fetal pole in the lower uterine segment seen on ultrasound
 - Differentials included: early uterine pregnancy vs. threatened abortion vs. cervical implantation
- **Pertinent PMHx:** multiple D&C procedures
- **Physical Exam:**
 - cant active bleeding
 - fingertip-dilated cervix
 - 3cm dark red palpable mass on external os
- **Imaging:** TVUS confirmed a 7 + 1 week gestational sac with cardiac activity within the endocervical canal
- **Treatment:** Multidose systemic methotrexate therapy with folinic acid rescue
- **Follow-up:**
 - Continued initial β -hCG rise and intermittent bleeding
 - Repeat TVUS confirmed loss of fetal cardiac activity
 - Eventual appropriate decline of β -hCG levels
 - Conception of a viable intrauterine pregnancy documented the following year

Discussion

- Diagnosis may be challenging because initial findings may mimic early intrauterine pregnancy or pregnancy loss
- Suspicion should be maintained in patients with persistent early bleeding, particularly with inconclusive US findings
- TVUS and physical exam are key diagnostic tools
- Misdiagnosis can result in inappropriate uterine evacuation, risking hemorrhage
- Obstetric hospitalist involvement is essential for timely diagnosis and initiation of medical management to preserve fertility and hemodynamic stability

SERIAL SERUM β -HCG LEVELS ACROSS CLINICAL COURSE

