CERVICAL ECTOPIC PREGNANCY AND ITS MANAGEMENT.
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-Personal background: Hypertension; precocious ovarian failure. No previous surgeries. Aldomet 250 mg/8 h Blood type 0 positive No previous pregnancies; last menstruation date unknown. IVF transfer on 29 June 2012. -Actual illness: The patient was sent from a private practice with the diagnosis of cervical ectopic pregnancy. Two embryos-transfer on 29 June 2012. 20 July 2012: intrauterus irregular pseudo gestational sac with moderate bleeding. Diagnosis: current abortion, which was treated with Misoprostol. BHCG remains between 12,000-15,000 Trans-vaginal ultrasound: highly sugestive of ectopic cervical pregnancy image. -Medical examination: Menstruation-like vaginal bleeding; bleeding cervix in contact with the speculum. Painless cervical mobilisation. Anterior cervical lip shortened regarding to the posterior one. Vaginal ultrasound: uterus with no intrauterine gestational sac; 7 mm endometrial thickness. Sferic irregular image of 13x17 mm in posterior cervical lip, with uncertain echogenic ring. Both ovaries and Fallopian tubes normal. No liquid in Douglas. -Diagnosis: Back cervical lip ectopic pregnancy. -Attitude: Methotrexate administration on 2nd August 2012: 75 mg intramuscular and 50 mg intra gestational sac under ultrasound control. -Follow up: BHCG 01/08/2012: 13987 03/08/2012: 12375 06/08/2012: 14669 09/08/2012: 10109 16/08/2012: 4026 23/08/2012: 1257 30/08/2012: 421 mui/mL Trans-vaginal ultrasound: 10x15mm sugestive of cervical haematoma image. 06/09/2012: 214 13/09/2012: 106 20/09/2012: 74.8 Trans-vaginal ultrasound: 9 mm residual cervical image. 15/10/2012: 22.5 29/10/2012: 12.9 05/11/2012: 10 20/11/2012: 6.3 Trans-vaginal ultrasound: no cervical images found.