

Regarding complications, in this largest dataset, all pregnancies, as in this case, were complicated by preterm labor: 6 delivered before 24 week (Group A) and 30 delivered after 24 weeks of gestation (Group B) ⁸. One from A and all from B were done by Caesarean Section. This case was also done by Caesarean Section. Other complications in those pregnancies that were delivered after 24 weeks include: anemia (13%), preeclampsia (57%) and vaginal bleeding (3%) ⁸.

The perinatal mortality reported in study by Francois et al. ⁸ was 253 per 1000 pregnancies. It was further compounded with neonatal morbidity within neonatal period. Minor morbidities such as patent ductus arteriosus responsive to medicine and necrotizing enterocolitis that too responds to medical therapy were approximately 20% while the major one include abnormal neurological examination result and interventricular hemorrhage were found to be approximately 10% ⁸. In our case the infant that died on the second day of operation had interventricular hemorrhage.

A review of 96 twin pregnancies was done in another city of Pakistan that showed that the patients coming from rural areas often present late in pregnancy leading to high rate of complications compared to those that came earlier ¹³. Other study in Pakistan, the perinatal mortality rate in twins versus singletons was found 108 versus 82 per 1000 births that shows higher risk of antepartum and intrapartum complication in women with multiple gestations ¹². Through this case we would like to highlight the need to focus on the delivery of women's health care services and to recognize the importance of antenatal care in the community so that burden of lives is reduced. ¹³

Before the advent of fertility drugs, triplets were rare, quadruplets and quintuplets were never heard of. With spontaneous pregnancy rate for a quintuplets gestation is estimated as 1 in 65,610,000 pregnancies by Hellin Law ⁸. With the advent of assisted reproductive technologies, these have now become so much common that the concern about obstetric implication has increased. The chance of identical quintuplets being born as in case of Canadian Dionnes sister is 1 in 57 million. Rate of quintuplets studied in Japan over a 12 year period was found to be approximately 0.77 per million births ¹⁴. At the same time, as rightly pointed out by Babay et al. ¹⁵, multiple pregnancies carry a high risk and women with multiple pregnancies should be offered extra care during antenatal with specific objective of early diagnosis and timely treatment of complication. Specifically with reference to preterm labor, surveillance for sign and symptom should be undertaken at an early gestational age as compared to other pregnancies ⁸.

In the case presented, the babies are still in NCU and tolerating feed and doing fine. Mother is now normotensive.

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CASE REPORTS

UNDIAGNOSED CERVICAL ECTOPIC PREGNANCY IS A THREAT TO LIFE

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ABSTRACT

Cervical ectopic pregnancy implants in the lining of endocervical canal. Cervical ectopic is rare form of ectopic pregnancy and incidence of cervical ectopic pregnancy is 1:9000 pregnancies. We are reporting a case report of a 35 years old female P1+0 was presented in OPD with continuous per vaginal bleeding since 3 months. MRI pelvis showed 4.8x4.5x4.2 cm lesion involving the entire cervix including stroma with partial obstruction of endocervical canal. Growth was removed digitally with difficulty and was sent for frozen section & biopsy. Hemostasis was secured with great difficulty by taking sutures & cervix was packed. Report of frozen section showed products of conception. Injection Methotrexate was given intramuscularly.

Cervical ectopic pregnancy was associated with significant hemorrhage which led to hysterectomy in the past. Mortality is limited and fertility is preserved by improved ultrasound resolution, MRI and earlier detection of these pregnancies which has led to the development of more conservative treatments.

KEY WORDS: Cervical ectopic pregnancy, Methotrexate, endocervical canal, frozen section

INTRODUCTION

Ectopic pregnancy is any gestation that implants outside the uterine cavity. ¹ Cervical ectopic implants in the lining of endocervical canal. Cervical ectopic is rare form of ectopic pregnancy in which incidence of cervical ectopic pregnancy is 1:9000 pregnancies. ² Mortality is limited and fertility is preserved by improved ultrasound resolution, MRI and earlier detection of these pregnancies which has led to the development of more conservative treatments. ¹ In this case we were unable to diagnose preoperatively as it was mimicking neoplastic lesion on history, examination and ultrasound.

Previous cervical and uterine surgery seems to be predisposing factors. In vitro fertilization, Asherman's syndrome, prior instrumentation, infertility and prior ectopic pregnancy have also been implicated as predisposing factors. ³

CASE REPORT

A 35 years old female P1+0 was presented in OPD with continuous per vaginal bleeding happening since 3 months. She gave the history of admission 5 days back to another tertiary care hospital where 3 units of packed cell transfused because of severe anemia as result of heavy per vaginal bleeding. In that hospital her ultrasound pelvis was done which showed normal sized uterus with echogenic mass measuring 2.8x2.5cm in cervical canal most likely cervical polyp.

At the time of presentation in our OPD, patient was vitally stable with no positive findings on abdominal examination. Speculum examination was not possible because of heavy bleeding per vagina.

We advised her to get MRI of her pelvis done which showed 4.8x4.5x4.2 cm lesion involving the entire cervix including stroma with partial obstruction of endocervical canal, most likely neoplastic lesion of cervix. Her CBC was repeated which was within normal limits.

Examination under anesthesia, frozen section and biopsy of cervical growth was decided after obtaining written consent.

Intraoperative findings showed necrotic growth lying inside the cervix more on right side about 3x3 cm. Growth was removed digitally with difficulty and was sent for frozen section & biopsy. Hemostasis was secured with great difficulty by taking sutures and cervix was packed. Report of frozen section showed products of conception. Her β HCG was immediately sent after getting report of frozen section which was 1856 iu/ml. Injection of Methotrexate was given intramuscularly.

After 2 days her β HCG was repeated the results of which were 365 iu/ml. The patient became well and was discharged after 3 days. She was subsequently followed up with final report of histopathology which showed cervical tissue exhibiting multiple chorionic villi covered by cytotrophoblast and syncytiotrophoblast. Findings were suggestive of cervical ectopic pregnancy.