

Cervical Ectopic Pregnancy

Patient Information Series – What you should know, what you should ask.

This leaflet is to help you understand what cervical ectopic pregnancy is, how cervical ectopic pregnancy happens, what the symptoms are, and the recurrence for the next pregnancy.

What is a cervical ectopic pregnancy?

Normally, the gestational sac is implanted in the uterus, within the endometrial cavity. Cervical ectopic pregnancy refers to an abnormal implantation of a fertilized egg in the cervical canal, under the internal os. of cervix. Hence, the pregnancy will not develop properly.

How does a cervical ectopic pregnancy happen?

The exact etiology and pathogenesis of cervical ectopic pregnancies are still unclear. However, it has been suggested that they may occur due to damage to the uterine cavity, which stops the normal implantation in the endometrium.

The major risk factors include in-vitro fertilization, endometrial injury caused by pelvic inflammatory disease, post-surgical trauma such as Cesarean section or uterine curettage, history of abortions, intrauterine contraceptive device use, intrauterine adhesions, benign growths such as myomas, and structural uterine anomalies

What are the symptoms of a cervical ectopic pregnancy?

Symptoms can be overlapped with other ectopic pregnancies and may include a combination of the following signs:

- Amenorrhea (absence of menstrual period) is a common symptom. However, in some cases, abnormal bleeding is mistaken as a menstrual period, so you will think there is no history of abnormal bleeding.
- Painless vaginal bleeding is the most common symptom of cervical pregnancy. The bleeding may be spotted, prolonged or intermittent.
- Some women may present with gastrointestinal symptoms (e.g., nausea and vomiting) so the suspected clinical diagnosis might be gastroenteritis rather than ectopic pregnancy.

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How is a cervical ectopic pregnancy diagnosed?

Transvaginal ultrasound scan (TVS) is the tool of choice for the diagnosis of all ectopic pregnancies. With this type of ultrasound, a device called a transducer is placed in your vagina. A transvaginal ultrasound allows your doctor to see the exact location of your pregnancy. In equivocal cases, three-dimensional ultrasound, or magnetic resonance imaging (MRI) can help to confirm the diagnosis of a cervical pregnancy.

Your doctor may also ask you to have a blood test (called human chorionic gonadotropin or β -hCG) to confirm that you're pregnant. A suboptimal rise in this pregnancy hormone over a few days can suggest the diagnosis of an ectopic pregnancy but does not help to confirm the diagnosis of a cervical pregnancy. Sometimes, this blood test may also be repeated every few days until ultrasound testing can confirm or rule out an ectopic pregnancy.

What are the things to watch for?

A cervical ectopic pregnancy can't proceed normally. If left untreated, the fertilized egg continues to grow, eroding cervical blood vessels and causing massive vaginal bleeding. It is therefore important that if you experience severe vaginal bleeding or any other worrying symptoms that you should go to the nearest emergency department immediately.

What are the treatment options?

To prevent life-threatening complications, the cervical pregnancy needs to be removed or ceased immediately after detection. Depending on your symptoms, serum β -HCG and cervical pregnancy is live or not, your doctor will recommend medical treatment with drugs or surgical procedures.

Will it happen again?

The risk of recurrence is extremely low. However, women with risk factors of cervical pregnancy should visit for an early ultrasound scan in all future pregnancies to exclude the recurrence.

What other questions should I ask?

- When is my next follow-up appointment?
- What are my chances of having a healthy pregnancy in the future?
- How long should I wait before trying to become pregnant again?
- Will I need to follow any special precautions if I become pregnant again?

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