

INTRAMURAL ECTOPIC PREGNANCY

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

What is an intramural ectopic pregnancy?

Normally, the gestational sac where the embryo grows is implanted in the endometrial cavity. Intramural ectopic pregnancy refers to an abnormal growth of fertilized-egg in the uterine wall. Hence, the pregnancy will not develop properly.

How does intramural ectopic pregnancy happen?

The exact etiology and pathogenesis of intramural ectopic pregnancy are still unclear. However, it has been suggested that they may occur following any surgical procedures such as myomectomy, hysteroscopy, in vitro fertilization (IVF) and dilatation and curettage (D and C).

What are the symptoms of an intramural ectopic pregnancy?

The early intramural ectopic pregnancies may be asymptomatic and only detected during a routine pregnancy scan. Symptoms can overlap with other ectopic pregnancies and may include a combination of the following symptoms and signs:

- Amenorrhoea (absence of menstrual period) - this is a common symptom. In some cases, however abnormal bleeding is mistaken as a menstrual period, so abnormal bleeding may not be recognized or reported to your doctor..
- Vaginal bleeding - this is an unusual sign in a normal pregnancy. The bleeding may be light spotting, or show as prolonged or intermittent bleeding.
- Pain in the lower abdomen, pelvis or lower back - If you feel sharp lower abdominal pain, this is a medical emergency and you should contact your healthcare provider or go to the emergency room immediately.
- Gastrointestinal symptoms (e.g. nausea and vomiting)- Some women may present with these symptoms so the suspected clinical diagnosis might be gastroenteritis rather than ectopic pregnancy.

How is intramural ectopic pregnancy diagnosed?

Transvaginal ultrasound scan (TVS) is the tool of choice for 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 an intramural 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 an intramural 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?

The intramural ectopic pregnancy can't proceed normally. If left untreated, the fertilized egg continues to grow, rupture and may cause life-threatening bleeding.

Symptoms of this life-threatening complication include severe abdominal or pelvic pain, fainting and shock. It is therefore important that if you experience severe pain 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 intramural pregnancy needs to be removed or ceased immediately after detection. Depending on your symptoms and when the intramural pregnancy is diagnosed, your doctor may recommend medical treatment with drugs, laparoscopic surgery or abdominal surgery (open surgery).

Will it happen again?

The risk of recurrence is extremely low, however women with a history of intramural pregnancy with successful preservation of the uterus should present for an early ultrasound scan in all future pregnancies to exclude 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?