

## A comprehensive literature review on the diagnosis and management of interstitial ectopic pregnancies.

*M Brincat (GB) [1], A Bryant-Smith (GB) [2], T Holland (GB) [3]*

The objective of this article is to review the published literature on the diagnosis and management of interstitial pregnancies. An interstitial pregnancy occurs when the blastocyst implants in the section of the fallopian tube that lies within the muscular wall of the uterus. They account for 2-4% of all ectopic pregnancies, and have the potential to cause life-threatening haemorrhage resulting in a 2-5% mortality rate.

Despite the high mortality rate, there is little consensus on the best practice for diagnosing and managing interstitial pregnancies. Early diagnosis is key to successful treatment and favourable outcome. Transvaginal Ultrasound combined with highly sensitive b-hCG assay has the ability to make an early and accurate diagnosis. High-resolution transvaginal ultrasound (TVUS) has a specificity of between 88 – 93% of detecting interstitial pregnancies.

Traditionally treatment has been hysterectomy or cornual resection requiring at the minimum laparoscopic surgery and occasionally laparotomy, however surgical techniques have the potential to be complicated by bleeding and additionally leave a scar in an already weakened uterine wall. With advances in modern medicine, we can now consider other less invasive forms of management as first line.

By reviewing the published data we set out to determine what the best evidence based practice for the management of interstitial ectopic pregnancies is, what protocols can be used and whether this improves post-operative outcomes and future fertility rates.

[1] Guy's & St Thomas' Nhs Trust - London, [2] Guy's & St Thomas' Nhs Trust - London, [3] Guy's & St Thomas' Nhs Trust - London

