

Interstitial Pregnancy

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A 30-year-old woman, gravida 4, para 1, visited the outpatient department with prolonged vaginal bleeding and mild right lower abdomen pain at 9 weeks of gestation. Human chorionic gonadotropin level was 15,037 mIU/mL, and transvaginal ultrasonography showed an eccentrically located gestational sac with abundant blood supply [Figure 1a]. Laparoscopy revealed a bulging mass measuring 4 cm × 3 cm with a thin surrounding wall at the root of tubal insertion into the uterus [Figure 1b]. Right cornuotomy was performed to remove the embedded gestational tissues [Figure 1c]. The Fallopian tube was preserved by repairing with 1-0 monocryl [Figure 1d]. The patient recovered and conceived uneventfully 5 months later with healthy intrauterine pregnancy.

Interstitial pregnancy is an ectopic pregnancy implanted in the tubal interstitial portion where it traverses through the uterine muscular wall for approximately 1–2 cm to enter the cavity.^[1-3] Surgical management could be carried out with either cornual resection or cornuotomy.^[4] Our case demonstrated typical pictures and a conservative process of the laparoscopic surgical treatment.

Ethical statement

This study was approved by the institutional review board of Chang Gung Medical Foundation (IRB No. 201901161B0

obtained on July 26th, 2019). IRB agrees to waive the informed consent.

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Conflicts of interest.

There are no conflicts of interest.

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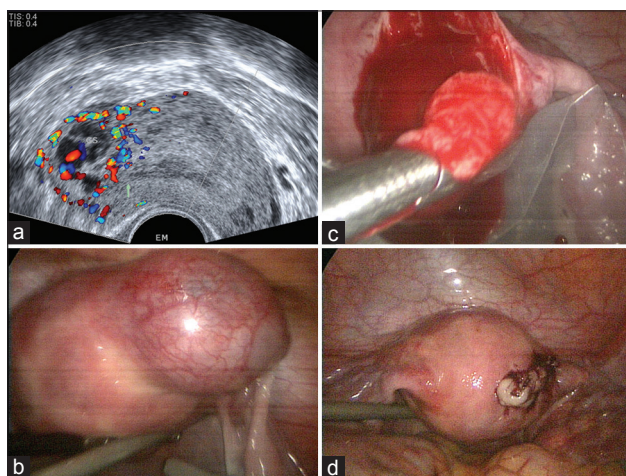


Figure 1: (a) Transvaginal ultrasonography revealed a gestation sac located outside the cavity with abundant blood supply, (b) laparoscopy found the ectopic site as a bulge at the uterotubal junction; the surrounding wall was thin with dilated vessels, (c) after cornuotomy, the gestational sac was removed with an endo-bag, (d) the tube was successfully preserved after suture repair

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