Suspected ectopic pregnancy

Intra-uterine pregnancy

Reassurance

Extra-uterine pregnancy

No sonographic feature of intra or extra-uterine pregnancy

Surgical management

Anti-D rhesus prophylaxis for rhesus negative women

Systemic methotrexate and serial serum hCG monitoring

No significant pain
Adnexal mass <35mm
No foetal heart beat
Serum hCG<1500 IU/L
No intrauterine pregnancy
Patient can return for follow-up

Significant pain
Adnexal mass ≥35mm
Foetal heart beat visible
Serum hCG ≥5000 IU/L
No intrauterine pregnancy
Patient cannot return for follow-up

Measure serum hCG levels 48 hours apart

Decrease in hCG of >50%

Urine pregnancy test 14 days after the second serum hCG test

Negative
No further action needed

Positive
Repeat clinical assessment and ultrasound

Less than 50% decline
REMARKS

1. Heterotopic pregnancy occurs in only 1:7000 to 1:30000 of spontaneously conceived pregnancies. The chance is up to 1% in pregnancies after assisted reproduction techniques.

2. Apart from ectopic pregnancy, absence of intrauterine pregnancy can be due to wrong dates or complete miscarriage.

3. Failure to detect an intrauterine gestational sac by transvaginal ultrasound when serum hCG level is >1500 IU/L indicates an increased risk for ectopic pregnancy.

REFERENCES