Letter to the Editor

Dear Editor

We read with interest the case report 'Interstitial implantation in a setting of recurrent ectopic pregnancy: A rare combination' by Naredi et al published in *Med J Armed Forces India* 2015;71:194–196.¹

We would like to bring to the notice of authors and others that we had a similar case of a 27 year old lady (Gravid 5 Para 0) presented at 08 week 04 days period of amenorrhoea with complaints of spotting per vagina. On ultrasonography (USG) we found a single gestation sac eccentrically placed towards the right cornu of the uterus with CRL corresponding to 8 weeks with foetal cardiac activity.

In this case Magnetic resonance imaging (MRI) was done for confirmation, which showed a foetus in the interstitial portion of the fallopian tube and a thin "Interstitial Line" separating the endometrial cavity from the sac. (Fig. 1) Diagnosis of interstitial pregnancy was made and termination of pregnancy was advised to the patient.

In case of doubt MRI may provide better delineation of the focus of ectopic owing to its excellent tissue contrast in case of indeterminate USG findings.² The key MRI features of interstitial pregnancy include an eccentric cystic structure which represents a gestational sac with foetal pole in the interstitial portion of fallopian tube as seen in our case. A thin hypointense line separates the gestation sac from the endometrium on T2 W images this represents the 'interstitial line' sign seen on ultrasound images.

Fig. 1 – Axial T2W image showing eccentrically placed gestational sac with foetus and a thin hypointense line separating it from endometrium (arrow).

In interstitial pregnancy with presence of foetal cardiac activity, high serum β hCG 43000 mIU/ml levels are predictors for failure medical management with systemic Methotrexate (MTX) therapy. This prompted us to use a combined approach of foetal intra cardiac injection of 0.3 ml of 10% KCL under USG guidance that resulted in diminishing and then stoppage of foetal cardiac activity which was confirmed by power Doppler. This was followed by adjuvant multidose MTX with folinic acid rescue. Her β hCG levels showed consistent falling titres and she had an uneventful recovery.

Swank et al described successful management of interstitial ectopic pregnancies with combined intra foetal, intra-amniotic and systemic approach using methotrexate and potassium chloride.³ Use of this combined approach including MR Imaging would limit failure, prevent surgery and conserve fertility.

REFERENCES

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7 June 2015

Available online 15 July 2015

DOI of original article: <http://dx.doi.org/10.1016/j.mjafi.2015.06.017>

0377-1237/\$ – see front matter
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<http://dx.doi.org/10.1016/j.mjafi.2015.06.013>