Reply

Dear Editor,

We thank the readers for their interest in the article and sharing with us their experience in managing a similar case of interstitial pregnancy in a different manner. It is agreed that MRI is a superior imaging modality as compared to transvaginal sonography owing to its excellent tissue contrast but MRI should only be reserved in ectopic pregnancies which are categorised as special site ectopics: interstitial tubal pregnancy, cornual pregnancy and uterine scar pregnancy or when there is a diagnostic dilemma in a setting of acute abdomen.¹ It has been seen that 75% of ectopic pregnancies will be detected on an initial transvaginal ultrasound and 85–99% of ectopic pregnancies can be diagnosed on a subsequent scan before treatment can be instituted. Thus the algorithm followed for diagnosis of ectopic pregnancy or in cases of pregnancy of unknown location (PUL) the primary modality for evaluation continues to be transvaginal sonography with serial beta hCG values. But nevertheless because of the prevalence of ectopic pregnancy and the utilization of MR imaging in the acute setting, it is imperative that the radiologist should include ectopic pregnancy in the differential diagnosis of acute abdomen in a woman when interpreting the results of the MR imaging examinations and the gynecologist and reproductive medicine specialists in particular should be aware of the utilization of this imaging modality too. In our case we did not utilise MRI, as the diagnosis was very evident on the first transvaginal scan itself.

It is definitely prudent to carry out nonsurgical management of cornual/interstitial pregnancy in a hemodynamically stable patient as suggested by the reader and their experience in successfully managing a cornual pregnancy by combining intracardiac instillation of potassium chloride followed by systemic administration of methotrexate. Sonographically

guided minimally invasive treatments of unusual ectopic pregnancies have been found to be safe and effective alternatives to surgical and systemic medical therapy. These treatments ablate the ectopic pregnancy, allow normal continuation of a concomitant intrauterine pregnancy in cases of heterotopic gestation, and preserve the uterus for subsequent pregnancies.²

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