Differentiating Inevitable Abortion from Cervical Ectopic Pregnancy: A Case Report

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INTRODUCTION

Cervical ectopic pregnancy is a rare form of ectopic pregnancy, accounting for less than 1% of all ectopic pregnancies, in which the gestational sac implants within the cervical stroma below the internal os. Due to the highly vascular nature of the cervix and the significant risk of life-threatening hemorrhage, prompt diagnosis and management is essential. Termination of the pregnancy is often necessary to minimize maternal morbidity and prevent hemorrhage.

PRESENTATION

A 27-year-old G4P3 presented with a 2-day history of vaginal bleeding that progressed from light spotting to heavier, persistent bleeding, accompanied by severe abdominal cramping and right shoulder pain. The patient reported a recent positive urine pregnancy test. On presentation, vital signs and general examination were within normal limits. Pelvic examination demonstrated active vaginal bleeding from a closed cervical os, with a clot visualized near the cervix. Serum beta-hCG was approximately 3,000 mIU/mL. Transvaginal ultrasonography demonstrated a gestational sac containing a yolk sac and fetal pole within the cervical region, with a crown-rump length corresponding to 5 weeks and 6 days of gestation. Both ovaries appeared normal, and no free fluid was identified within the posterior cul-de-sac. Based on the clinical presentation and ultrasonographic findings, the differential diagnosis included inevitable abortion versus cervical ectopic pregnancy.

IMAGING

Ultrasound findings of gestational sac with fetal pole in cervical region

DISCUSSION

Transvaginal ultrasonography is essential for distinguishing cervical ectopic pregnancy from an inevitable or incomplete abortion, as the sonographic appearance of these conditions may overlap. Cervical ectopic pregnancy is characterized by implantation of the gestational sac within the endocervical stroma below the level of the internal os. Diagnostic features include fetal cardiac activity, peritrophoblastic Doppler flow, and an absent sliding sign, reflecting fixation of gestational sac with cervical tissue despite gentle pressure with the transvaginal probe. In contrast, in cases of inevitable or incomplete abortion, the gestational sac may transiently occupy the cervical canal but is not implanted within the cervical stroma. The presence of a sliding sac sign, demonstrated by the mobility of the gestational contents in response to gentle transducer pressure, favors an aborting pregnancy.

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