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CLINICAL INSIGHTS INTO CERVICAL PREGNANCY: COMPARATIVE ANALYSIS OF TWO CASE REPORTS

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Relevance. Cervical pregnancy (CP) is a rare form of ectopic gestation (incidence <1% of all ectopic pregnancies) associated with life-threatening hemorrhage, emergency hysterectomy, and maternal morbidity. Due to its rarity and nonspecific symptoms (painless vaginal bleeding after amenorrhea), CP is often misdiagnosed, especially in patients with prior uterine surgery. Identifying risk factors and optimizing diagnostic and therapeutic strategies are critical for improving outcomes and preserving fertility when possible.

Materials and methods. We conducted a comparative analysis of two patients diagnosed with cervical pregnancy at a tertiary gynecological center. Clinical presentation, obstetric history (including prior cesarean sections), laboratory findings (hemoglobin, hCG), and imaging results (transvaginal ultrasound and pelvic MRI) were reviewed. Management strategies and postoperative outcomes were assessed. Both patients provided written informed consent.

Results and their discussion. Both patients had a history of multiple cesarean sections (2 and 4, respectively) and presented with painless vaginal bleeding. Imaging confirmed gestational tissue within the cervical canal, with extensive vascularity and scar involvement. In Case 1 (35 years), initial fertility-sparing instrumental removal failed due to persistent bleeding, requiring total hysterectomy (blood loss 940 mL). In Case 2 (41 years), MRI revealed cervical tissue extending to the uterine scar with suspected bladder involvement; primary hysterectomy was performed due to massive bleeding (1090 mL). Histopathology confirmed CP in both cases. These cases illustrate that while conservative management (methotrexate, uterine artery embolization) is recommended for early, stable CP, patients with multiple cesarean scars, active bleeding, and significant anemia often require definitive surgical intervention. MRI provided superior assessment of myometrial invasion and scar involvement, guiding surgical planning. Despite advances in fertility-preserving techniques, hysterectomy remains a lifesaving option when hemorrhage is uncontrollable or invasion is extensive. Early recognition and multidisciplinary planning are essential to reduce maternal morbidity.

Conclusions. Cervical pregnancy in patients with prior uterine surgery carries high hemorrhagic risk. Imaging is key for diagnosis and planning. Hysterectomy remains necessary in advanced or complicated cases.