ABSENCE OF CHORIONIC VILLI IN PRODUCTS OF CONCEPTION & NEGATIVE LAPAROSCOPY

BACKGROUND

Confirmation of pregnancy through histological examination following miscarriage and surgical evacuation of the uterus is recommended in the rare instance that an ectopic pregnancy or molar pregnancy continues. The risk of ectopic pregnancy diagnosed following surgical treatment for miscarriage was found to be 0.42%1. When treating ectopic pregnancy by surgical management failure rates are significantly higher when a salpingostomy is performed2,3. The failure rate is reported to be between 5-20% with this procedure3.

KEY POINTS

- βHCG levels should fall following removal of all trophoblastic tissue.
- If histology of the products of conception does not demonstrate chorionic villi, ectopic pregnancy must be excluded.

In the absence of chorionic villi in products of conception:

Refer to Clinical Guideline Diagnosis of Ectopic Pregnancy.

NEGATIVE LAPAROSCOPY

Rarer forms of ectopic pregnancy such as interstitial/corneal implantations can be missed at laparoscopy. Tubal abortion is another cause of a negative laparoscopy.

MANAGEMENT

1. The woman must be contacted and if pain is present, prompt medical review should occur.
2. Serial quantitative βHCG measurements should be performed weekly to determine demise or continuation of the pregnancy4.
   - A plateau or rise in βHCG level >5% signifies a persistent ectopic; βHCG <5% of preoperative value indicates resolution of ectopic pregnancy. βHCG should continue until the level is <15IU/L. At this level all ectopic pregnancy resolves without rupture5.
3. If the βHCG rises further USS should be performed when the level reaches 1500IU/l or if pain develops\(^4\) (an intrauterine pregnancy should be identified by transvaginal ultrasound when is >1500 IU/l βHCG).

4. The woman should be warned of the risks of on-going ectopic pregnancy and the need for closely monitored follow-up. If pain develops the woman should be advised to seek medical attention urgently.

For treatment options refer to the following Clinical Guidelines:

- Medical Management of Ectopic Pregnancy using Methotrexate
- Expectant Management of Ectopic Pregnancy
- Surgical Management of Ectopic Pregnancy

REFERENCES