Abdominal pregnancy at 13 weeks treated with intrafetal digoxin
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Introduction

• Abdominal pregnancy is a very rare form of ectopic pregnancy, occurring in about 1 in 10,000 pregnancies and carries a very high rate of morbidity and mortality.
• We describe a 13 week abdominal pregnancy in a primigravida with the placenta implanted on the posterior uterine serosa.
• In order to minimize the risk of uterine hemorrhage, a minimally invasive approach was chosen for initial management. Digoxin was injected into the fetus transvaginally under ultrasound guidance to interrupt the pregnancy.

Case

A 37-year-old G2P0010 with a prior abdominal myomectomy presented at 13 weeks of gestation for a nuchal translucency sonogram. Ultrasound revealed a live 13 week fetus in the cul-de-sac with the placenta implanted on the outer uterine wall. There were multiple intramural myomata, a thickened endometrial lining and normal adnexae. Since surgical removal of the abdominal pregnancy carries a risk of bleeding from the placental site and the potential for hysterectomy, a minimally invasive approach was chosen to interrupt the pregnancy. Baseline complete blood count, electrolytes and electrocardiogram were normal. Intravenous acetaminophen and an immediate acting opioid were used for pain control. Under direct sonographic guidance via a transvaginal approach, 1 mg (4 ml) of Digoxin was injected with an 18 G spinal needle into the presenting part, the fetal cranium. Cessation of the fetal heart rate occurred 10 minutes post procedure. Human chorionic gonadotropin levels dropped from 65,302 mIU/mL to 1mIU/ml at 8 weeks post procedure. Patient underwent an uncomplicated laparoscopic surgical removal of products of conception at a later date.

Conclusion

This report suggests that sonographically guided intra-fetal digoxin can be considered an initial, minimally invasive option for managing abdominal pregnancy in appropriately selected patients.