CASE REPORT

Body Heterotopic cervical pregnancy is extremely rare, and a viable intrauterine pregnancy and a patient’s infertility history make management difficult. The incidence varies between 1 in 2,500 and 1 in 12,422 pregnancies. Our patient was a 38-year-old healthy, G VII, P0 patient who underwent IVF for treatment of primary female factor infertility.

A transvaginal ultrasound was performed 35 days after ET, and two intrauterine gestational sacs with yolk sacs were detected, with one of them located in the cervical canal. One week later, a repeat transvaginal ultrasound revealed embryonic heartbeats in both gestational sacs.

During targeted 3D ultrasound scan at Samsung WS80, a gestational sac measuring 15 mm in diameter with a viable embryo (crown–rump length of 3.5 mm) was visualized in the fundal endometrial cavity.

The cervix was 3.4 cm in length and we visualized ballooning of the endocervical canal with a second gestational sac measuring 14.7 mm in diameter with a viable embryo (crown-rump length 3.7 mm). Both gestational sacs are visualized at the same 3D imaging.

The diagnosis of heterotopic pregnancy was established based upon 3D imaging findings.