Laparoscopic Management of an Advanced Interstitial Pregnancy

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**Objective:** To show how advanced interstitial pregnancy can be safely managed with a laparoscopic resection.

**Design:** Stepwise demonstration of the technique with narrated video footage.

**Setting:** Interstitial pregnancy is one of the more uncommon forms of ectopic pregnancy, representing only 2-4% of all ectopics. However, with a mortality rate up to 2.5%, it carries a rate seven times higher than that of other types of ectopic pregnancies. Interstitial pregnancies, when encountered, typically are not as advanced as in this instance (11w2d). Despite extremely thin overlying myometrium that ruptured during resection, with appropriate surgical technique, even this advanced interstitial pregnancy was able to be safely managed laparoscopically.

**Interventions:** Total laparoscopic approach to an advanced interstitial pregnancy with several key strategies to minimize blood loss:

1. Development of the retroperitoneal space, with temporary uterine artery ligation
2. Temporary contralateral utero-ovarian ligation
3. Injection of vasopressin at the junction between uterus and gestational sac
4. Use of Enseal device to enucleate the gestational sac

**Conclusion:** Historically, interstitial pregnancies have been managed with laparotomy. Here, we demonstrate several strategies to maintain laparoscopic visibility by minimizing blood loss to safely perform resection of even an advanced interstitial pregnancy safely and effectively.