

Medical Treatment for Ectopic Pregnancy

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METHOTREXATE CONSENT FORM Treatment of Ectopic (or Presumed Ectopic) Pregnancy

When a pregnancy does not implant in the normal location, inside the uterine cavity, it is called "ectopic". Most ectopic pregnancies occur in the fallopian tube. There is now available a newer medicinal treatment that does not involve surgery for certain patients with ectopic pregnancy. Not all patients with an ectopic pregnancy are eligible for this medical treatment. Criteria for medical therapy for ectopic pregnancy include: 1) that there is no evidence of serious intra-abdominal bleeding or hemodynamic shock, 2) that the pregnancy is less than 3.5 cm in size based on either laparoscopy or ultrasound, 3) that the beta-HCG values are not significantly declining in an appropriate fashion on their own, 4) that there is no liver disease, blood disease or kidney disease. If the patient desires future fertility, this is also an appropriate method of treatment. Surgery, either open (laparotomy) or closed (laparoscopy) are also appropriate alternatives in any ectopic pregnancy.

The name of the medicine is Methotrexate. The chance of successful treatment after a single dose of Methotrexate is 94%. However, about 6% of patients will require surgery on their fallopian tube because the drug has not completely worked or the tube has ruptured. As with any therapy, medical or surgical, there can be side effects or complications. The overall rate of side effects and complications with Methotrexate is 6%. This is less than the risks and side effects of surgery. The potential risks that may occur with Methotrexate are: stomach irritation, nausea, inflammation of the mouth, lips, tongue or gums, liver inflammation, reduced white blood cell and platelet production. If any of these occur, they are temporary and usually resolve on their own without any further treatment.

Methotrexate, in large and multiple doses, is used to treat some cancers. In small doses, taken orally, it can be used to treat rheumatoid arthritis and psoriasis. In the case of ectopic pregnancy, the dose is in a moderate amount as a single dose injection into the buttocks. Given in this fashion, the drug stops the growth of the pregnancy tissue in the tube and allows the body to absorb the pregnancy tissue over time. It works only when the pregnancy is small, the tube has not ruptured, and there is no serious bleeding from the ectopic pregnancy. Careful follow up over a period of a week or two is necessary for this form of therapy. You will need to follow up with repeat

blood testing for beta-HCG, to assure that it declines appropriately after the single dose. If beta-HCG counts do not fall appropriately, either a repeat dose can be given or surgery can be performed.

After successful treatment, the fallopian tubes will be open in about 85% of patients. It is important for you to realize that there is an increased chance of another ectopic pregnancy in your subsequent pregnancies of about 15% or more. This risk is about the same, with either Methotrexate treatment or surgical treatment. In the event you are pregnant in the future, it is important to quickly verify by ultrasound that the pregnancy is in the uterus, and not in the tube, between about 6 and 8 weeks after your last menstrual period. In the event that you develop abdominal pain, shoulder pain, and/or vaginal bleeding, you will need to seek medical attention to make sure that you do not have a repeat ectopic pregnancy.

After Methotrexate treatment, it is important that you consume no alcohol for at least one week. Second, you need to avoid sexual intercourse, until the ectopic pregnancy has fully resolved and a normal period occurs. Third, do not take any vitamins, multi-vitamins, folic acid or supplements until the beta-HCG level is negative. Fourth, you may need iron therapy if your hemoglobin is low (if you are anemic). Fifth, you will need to avoid getting pregnant for 2 or 3 months after the ectopic has resolved in order to allow the fallopian tube and uterus to fully heal; use an effective birth control method such as oral contraceptives, or properly used condom or diaphragm.

About half or more patients will develop an increase in abdominal/pelvic pain after Methotrexate treatment. This is generally relieved by Ibuprofen or Tylenol. If after your Methotrexate injection, you develop abdominal pain or pain that you had prior to the injection worsens, you will need to contact your gynecologist.

KEEP IN MIND METHOTREXATE IS ONLY APPROPRIATE IN CERTAIN CASES OF ECTOPIC PREGNANCY.