

HETEROTOPIC CERVICAL PREGNANCY AFTER ART SUCCESSFULLY TREATED WITH ULTRASOUND-GUIDED INTRACERVICAL SUCTION CURETTAGE AND CERVICAL CERCLAGE.

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Purpose: To present two rare cases of combined intrauterine and cervical pregnancy after ART complicated with active cervical bleeding successfully treated with ultrasound-guided small caliber intracervical gently suction curettage and emergently cervical cerclage.

Materials and methods: One case was a 44-year-old woman who conceived from embryo transfer with donor oocytes IVF program. Heterotopic pregnancy which three intrauterine sacs and an intracervical sac were found due to massive vagina bleeding at 5+4 weeks of gestation. The other case was a 33 year-old woman who conceived after IVF-ET due to tubal factor and Asherman syndrome. Sudden onset active cervical bleeding happened one week later when pregnancy was confirmed. Combined two intrauterine sacs and one intracervical sac were found. These two cases were treated with ultrasound-guided gently intracervical suction curettage under fully expended bladder with low pressure and small caliber suction devices. Then, cervical cerclage with Shirodkar method were done. The hemorrhage was successfully treated after this procedure.

Results: The cervical pregnancies of these two cases were successfully removed and no more bleeding were happened after that. The intrauterine triplet sac of the first case was progressed. Fetal reduction was done and became twin pregnancy. But premature rupture membrane and abruption placenta happened at 21 weeks gestational age due to maternal severe adenomyosis. Two very low birth weight babies died one day after surgical delivery. The twin intrauterine pregnancy of the second case were proceeded to term with two live births.

Conclusion: Ultrasound-guided gently suction curettage in combination with hemostatic Shirodkar cervical cerclage can be safely used to manage heterotopic cervical pregnancies and preserve the intrauterine fetus.