PIPADOR REVISION

MRCOG Part 1 Revision Notes

Ectopic Pregnancy Tissues

PATHOLOGY • LECTURE 322

VISUAL EXAMINATION REVISION NOTES

2026 Edition

322

MRCOG PART 1 REVISION NOTES | PATHOLOGY

Ectopic Pregnancy Tissues

Sites, risk factors and histopathology of tubal and non-tubal ectopic pregnancy

≈ 1 in 90	≈ 70%	Interstitial	Arias-Stella
Pregnancies (UK)	Ampullary	Highest haemorrhage risk	Endometrial change

■ KEY FACTS: Learning objectives

- Describe sites, risk factors and pathology of ectopic pregnancy.
- Describe the histology of tubal ectopic pregnancy and associated endometrial changes.
- Describe pathology of non-tubal ectopics (caesarean scar, cervical, interstitial) and persistent trophoblast.

322.1 Sites and risk factors

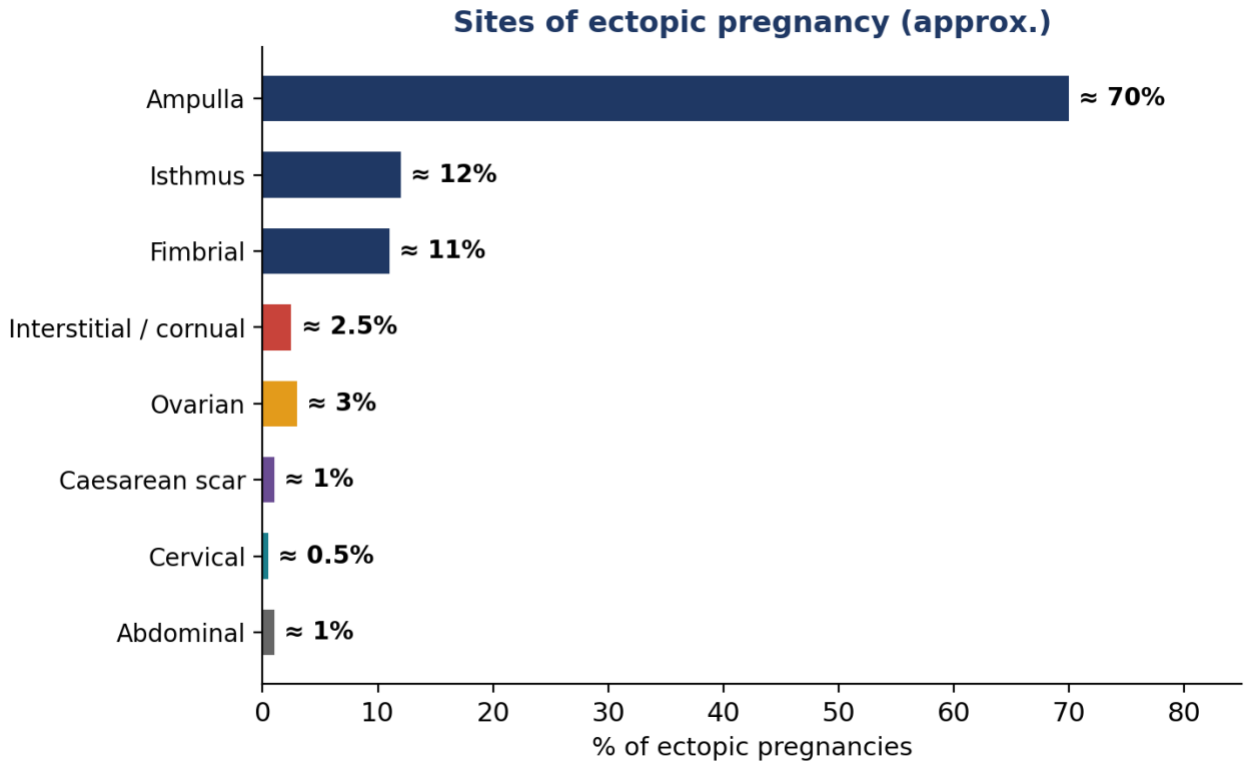


Figure 322.1 — Sites of ectopic pregnancy

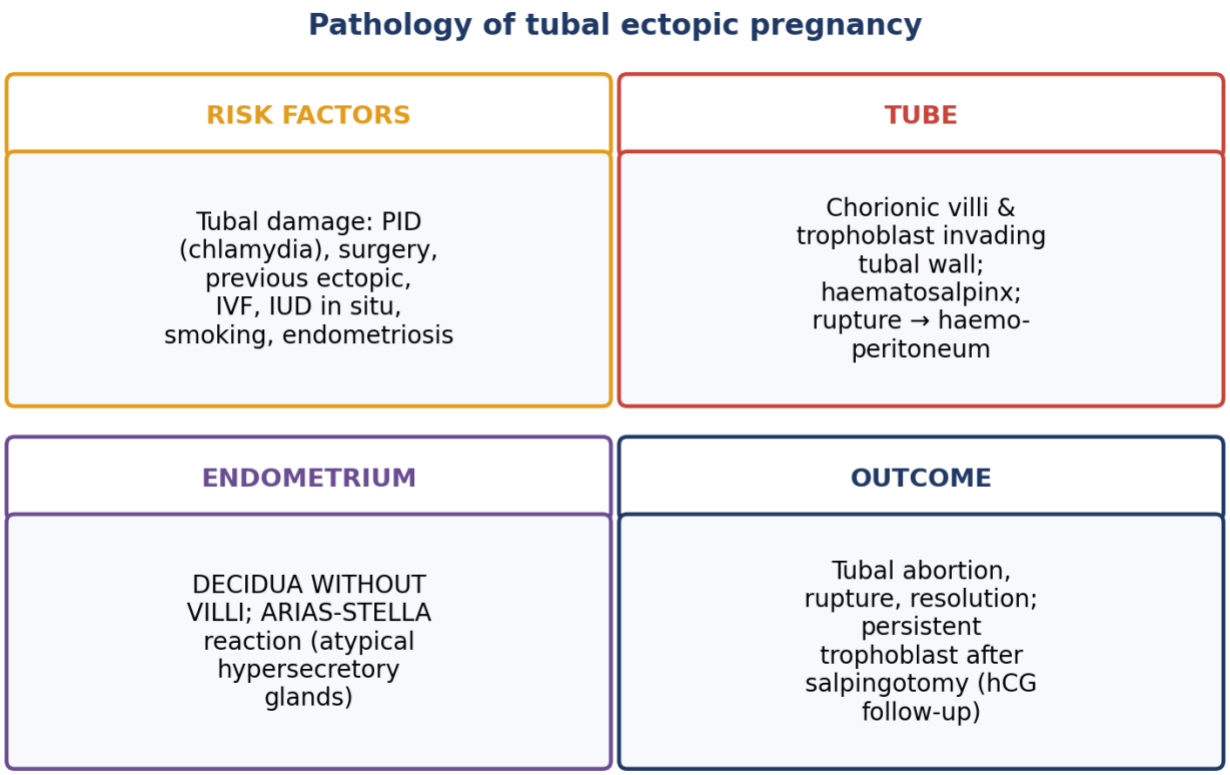


Figure 322.2 — Pathology of tubal ectopic pregnancy

322.2 Histopathology

Specimen	Findings
Salpingectomy	• Haematosalpinx • Chorionic villi and trophoblast within the lumen and invading the muscularis • Implantation site • ± rupture • Background chronic salpingitis or salpingitis isthmica nodosa
Endometrium (curettings)	Decidua without villi; Arias-Stella reaction
Pregnancy of unknown location	If POC lack villi → hCG follow-up ± laparoscopy
Persistent trophoblast	• After salpingotomy (≈ 4–8%) — hCG follow-up until negative • Methotrexate if rising

322.3 Non-tubal ectopics

Site	Pathology / risk
Interstitial (cornual)	Implantation in the intramural tube — thick myometrium allows growth to ≈ 12–16 weeks then catastrophic rupture
Caesarean scar	Implantation in a scar niche — risk of uterine rupture, haemorrhage, placenta accreta spectrum
Cervical	Below the internal os — torrential bleeding
Ovarian	Spiegelberg criteria (pathological diagnosis)

Site	Pathology / risk
Abdominal	Placenta attached to bowel/omentum — leave in situ if removal risks haemorrhage
Heterotopic	Coexisting IUP + ectopic (≈ 1 in 100 after IVF)

322.4 Must-know summary

■ EXAM TIP

- Ampulla ≈ 70%; risk factors are tubal damage (PID), previous ectopic, surgery, IVF, IUD.
- Tube: villi invading wall, haematosalpinx; endometrium: decidua without villi + Arias-Stella.
- Interstitial and scar ectopics → severe haemorrhage; scar ectopic linked to accreta.
- Persistent trophoblast after salpingotomy → hCG follow-up.

■ MNEMONIC / MEMORY AID

Ectopic sites — 'Ampulla Is Frequently Involved' (ampulla > isthmus > fimbria > interstitial).