PIPADOR REVISION

MRCOG Part 1 Revision Notes

Ectopic Pregnancy

CLINICAL MANAGEMENT • LECTURE 463

VISUAL EXAMINATION REVISION NOTES

2026 Edition

463

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Ectopic Pregnancy

Definitions, diagnosis, PUL and expectant, medical and surgical management (NICE NG126)

≈ 11/1,000	< 1,500	≥ 5,000	≥ 15% fall
Pregnancies	hCG — MTX first choice	hCG — surgery	Day 4 → 7 after MTX

■ KEY FACTS: Learning objectives

- Define ectopic pregnancy, PUL and the hCG criteria used in management.
- Describe diagnosis and the management of PUL.
- Describe expectant, medical (methotrexate) and surgical management in line with NICE NG126 and RCOG/AEPU guidance.

463.1 Key definitions

Term	Definition
Ectopic pregnancy	• Implantation outside the uterine cavity — ≈ 95% tubal (ampulla commonest) • Also cornual/interstitial, caesarean scar, cervical, ovarian, abdominal
Pregnancy of unknown location (PUL)	Positive pregnancy test with no intra- or extra-uterine pregnancy seen on TVS
hCG ratio (48 h)	Change in serum hCG over 48 hours — used to triage PUL
Salpingectomy	Removal of the affected tube
Salpingotomy	Opening the tube to remove the pregnancy, preserving the tube (risk of persistent trophoblast)
Heterotopic pregnancy	Simultaneous intrauterine and ectopic pregnancy (↑ after IVF)

■ IN PLAIN ENGLISH: Ectopic pregnancy

Any woman of reproductive age with abdominal pain, bleeding or collapse needs a **pregnancy test**. Management depends on whether she is **stable**, the **hCG level**, the **size** of the mass and whether there is a **heartbeat**.

463.2 Diagnosis and PUL

- Symptoms: pain, bleeding, shoulder-tip pain, dizziness, GI upset — can be atypical; signs: adnexal/cervical motion tenderness, peritonism, shock.
- TVS: adnexal mass ('blob' or 'bagel' sign) separate from the ovary, empty uterus, free fluid; identify location.
- PUL: serial hCG and repeat TVS (Figure 463.1).

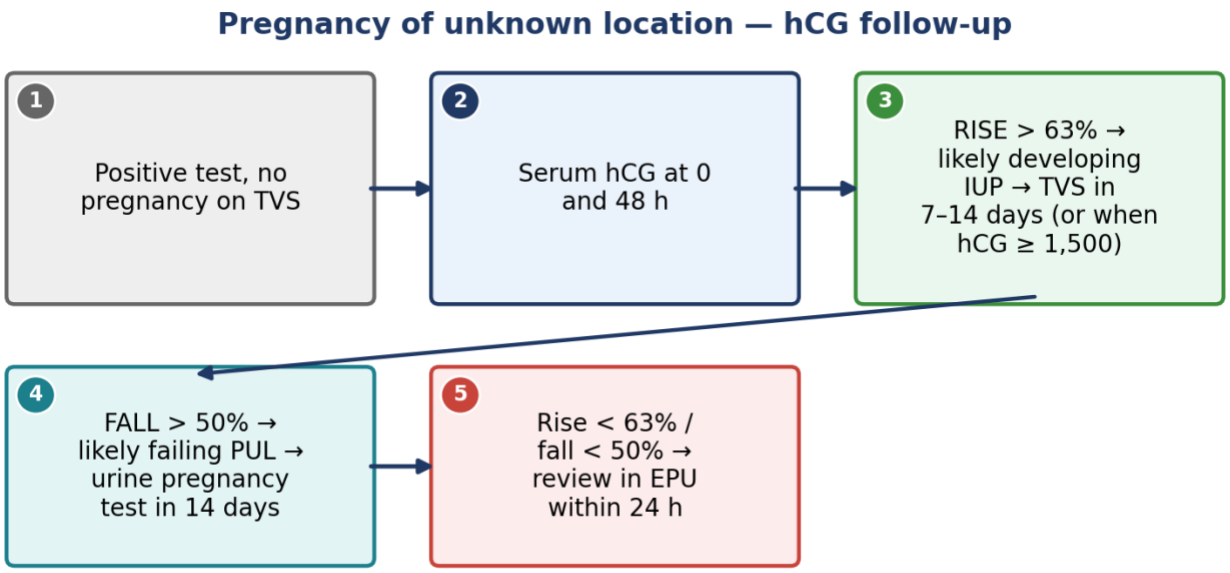


Figure 463.1 — PUL hCG follow-up (NICE NG126)

463.3 Management

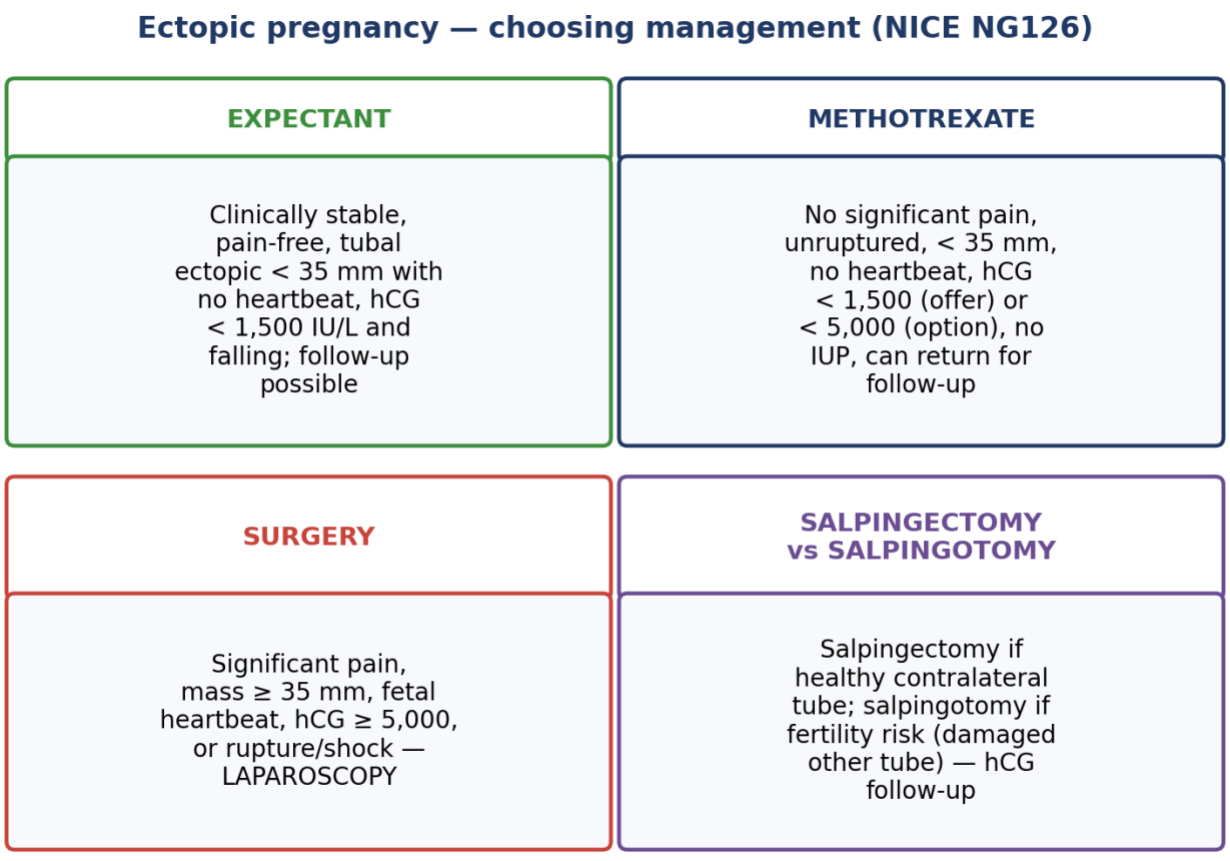


Figure 463.2 — Choosing management

Topic	Details
Methotrexate	• Single IM dose 50 mg/m² • HCG on days 4 and 7 — expect ≥ 15% fall between day 4 and 7, then weekly until negative • Second dose or surgery if inadequate fall

Topic	Details
	• Avoid pregnancy for 3 months (folic acid afterwards) • Avoid NSAIDs, alcohol, sunlight • Check FBC, LFT, U&E first
Surgery	• Laparoscopy preferred • Salpingectomy if contralateral tube healthy • Salpingotomy if other tube damaged — then hCG follow-up (≈ 1 in 5 need further treatment)
Haemodynamically unstable	Resuscitate, immediate surgery (laparoscopy or laparotomy)
Anti-D	Offer 250 IU to RhD-negative women having SURGICAL removal of an ectopic pregnancy
Non-tubal ectopics	Caesarean scar, cervical, interstitial — specialist management (MTX, surgery, UAE)
Future	Recurrence ≈ 10–15%; early scan at 6–7 weeks in next pregnancy

■ RED FLAGS

Collapse in early pregnancy = ruptured ectopic until proven otherwise — resuscitate and operate.

■ COMMON PITFALLS

Using a single hCG to diagnose/exclude ectopic.

Methotrexate in women unable to attend follow-up or with significant pain.

Missing heterotopic pregnancy in IVF pregnancies.

463.4 Must-know summary

■ EXAM TIP

- PUL: hCG 0/48 h — rise > 63% likely IUP; fall > 50% likely failing; otherwise review within 24 h.
- Expectant: stable, pain-free, < 35 mm, no heartbeat, hCG < 1,500 and falling.
- MTX: hCG < 1,500 (offer), 1,500–5,000 (choice), < 35 mm, no heartbeat, unruptured; ≥ 15% fall day 4 → 7.
- Surgery: pain, ≥ 35 mm, heartbeat, hCG ≥ 5,000, rupture; salpingectomy if healthy other tube; anti-D for surgical.

■ MNEMONIC / MEMORY AID

MTX criteria — '35 mm, 1,500 (5,000), no Heartbeat, no Pain, can Return'.