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Letter to the Editor, BJOG Exchange

Authors' reply re: Comparison of management regimens following ultrasound diagnosis of nontubal ectopic pregnancies: a retrospective cohort study.

Dear Sir,

We welcome the letter by Paola and team (1) and their insightful reflections about a particular subset of non-tubal ectopic pregnancies reported in our recently published series (2).

As highlighted by the Italian group, cornual-interstitial pregnancies are especially challenging, from achieving the correct diagnosis to choosing the best treatment option. We should be aware that uncertainty in the diagnosis may potentially lead to overtreatment and unnecessary morbidity.

Some of these cases will be non-viable pregnancies that will resolve spontaneously or be amenable to uterine curettage, as illustrated in the first and second cases presented. Moreover, a precise differential diagnosis with an angular pregnancy will avoid intervention in a normal ongoing pregnancy that is only implanted eccentrically in the uterine cavity. This was suspected following the second ultrasound in the third case presented, but later dismissed based on MRI findings.

Cases classified as angular pregnancies are not ectopic pregnancies and, as such, have not been included in our series. Nonetheless, in keeping with the experience reported, we are occasionally confronted with the same diagnostic dilemma. At our centre we do have access to 3D / mutiplanar transvaginal ultrasound and we agree that obtaining a true coronal view of the uterus is helpful in some cases. In our experience, for the asymptomatic and haemodynamically stable patient, sequential examinations performed by the same team of experienced examiners is essential to determine whether the pregnancy is growing towards the cavity or into the interstitial space with further ballooning of this region. Again here, there are no codified practice guidelines and the

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balance is thin between early intervention to minimise risks and an expectant approach to avoid an unnecessary procedure.

We are glad to hear that the option of ultrasound-guided injection will be considered as an option by more centres following the publication of our series and that this is acknowledged as an effort to provide evidence-based guidance in the choice of treatment options for non-tubal ectopics.

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1) Algeri P, Rota S, Stagnati V. Re: Comparison of management regimens following ultrasound diagnosis of nontubal ectopic pregnancies: a retrospective cohort study. (First comment letter, reference to be added).

2) Ramkrishna J, Kan GR, Reidy KL, Ang WC, Palma-Dias R. Comparison of management regimens following ultrasound diagnosis of nontubal ectopic pregnancies: a retrospective cohort study. BJOG. 2017 Jun 19. doi: 10.1111/1471-0528.14752)