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Letter to the Editor

Authors' reply re: Comparison of management regimens following ultrasound diagnosis of non-tubal ectopic pregnancies: a retrospective cohort study

Dear Sir,

We would like to thank F Odejinmi and team for their attentive reading of our work and for raising some relevant points for discussion [1].

Despite this being an area with relative paucity of published clinical data, it is fair to say that our series has a disproportionately low number of cases assigned to primary surgery. This reflects not only clinician's preference, but it incorporates patient's choice as well [2].

As our experience with minimally invasive techniques has grown over the years, relatively more complex or severe cases have been directed towards primary surgical management and less complex cases have opted for minimally invasive options as the primary, intended treatment – an understandable selection bias that may have contributed to lower success rates in the surgical cohort, as acknowledged in the discussion section of our paper under strengths and limitations.

The 2 cases of persistent trophoblastic mass requiring hysterectomy were seen in cornual-interstitial ectopic pregnancies, a group in which there is a high success rate with medical management. The compromise in this approach are indeed the prolonged follow-up and the possibility of persistent trophoblastic mass needing surgery– these are always stated in the pre-treatment consent form signed by patients opting for this treatment mode.

We would like to emphasize that our hospital is a tertiary university hospital managing over 7,000 births per annum, admitting 30,000 patients and providing more than 140,000 non-admitted occasions of service per annum. It offers subspecialty services such as reproductive services,

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urogynaecology, gynaecological oncology and interventional radiology treatments from ultrasound-guided procedures to uterine embolization and MRgFUS. We are fortunate to host two of the fifteen advanced laparoscopy surgical training units in Australia and have several doctors on staff with the relevant expertise to deal with these cases surgically when required.

Our paper reflects 11 years of caring for women with this group of conditions in this setting and it is evidence-based: all conclusions have been based on analysis of outcomes from our dataset and have undergone a peer-review process.

We do not intend to be prescriptive or final in the debate around the best approach for these cases. To further advance this discussion it would be desirable to expand the data pool and we encourage Dr Odejinmi and his team to share their case series in an original, peer-reviewed format, especially if they feel their experience is significantly different.

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References

1. Funlayo Odejinmi, Rebecca Mallick, Reeba Oliver, Letter to Editor BJOG
2. Ramkrishna J, Kan GR, Reidy KL, Ang WC, Palma-Dias R. Comparison of management regimens following ultrasound diagnosis of non-tubal ectopic pregnancies: a retrospective cohort study. BJOG 2017; <https://doi.org/10.1111/1471-0528.14752>