Introduction: Cervical implantation is considered a rare form of ectopic pregnancy: fewer than 0.1 % of all ectopic pregnancies occur in the cervix. It is a life-threatening condition, because of the high risk of uterus rupture and massive bleeding which may lead to hysterectomy. Risk factors are uterine and cervical abnormalities, presence of intra-uterine-device (IUD), history of uterine surgery and caesarean section. Early diagnosis is important, as the chance of successful conservative treatment decreases week by week. No standard protocol for its management has been established, yet. Treatment may include curettage and packing, medication as local and/or systemic administration of MTX. Sometimes patients subsequently require laparotomy because of excessive bleeding.

Aim: We present 2 cases of CEP, conservatively treated with combined uterine embolization and systemic metotrexate to preserve fertility.

Cases: 2 women (46 and 29 years old, respectively) presented mild vaginal bleeding and pelvic pain at 6° and 5° week of gestational age. They were G2P0 and G3P1, respectively. The last one had previously undergone a cesarean section. BHCG levels at admission were 33735 and 9446 mUI/ml. Transvaginal ultrasound showed a cervical implantation in both cases, with thin myometrium wall. IMG 1,2 They were hemodinamically stable; the first required blood transfusion for mild anemia. They both underwent bilateral UAE with gelfoam during or after systemic metotrexate administration associated with intra-amniotic potassium chloride injection. IMG 3a-b-c During UAE procedure, anesthesiologic assistance is required, with analgesic therapy to be continued a few hours after embolization.

Results: both patients required repeated cycles of metotrexate administration; the first required uterine curettage. In both cases the treatment successfully ended with abortion without complications. They were discharged after 46 and 62 days respectively, with bHCG levels of 10 and 235 mUI/mL, which normalized within 51 and 146 days. They didn’t required major surgery and preserved conceptive possibilities.

Conclusions: combined treatment with UAE and systemic metotrexate is an effective and safe option in cervical pregnancy, avoiding major complications and preserving fertility and women’s health.