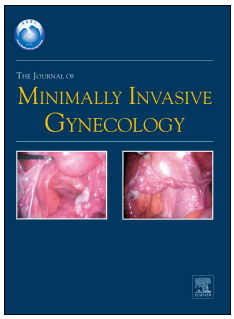
Accepted Manuscript



Clinical outcomes of patients with heterotopic pregnancy after surgical treatment

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PII: S1553-4650(17)30211-X

DOI: 10.1016/j.jmig.2017.03.003

Reference: JMIG 3087

To appear in: *The Journal of Minimally Invasive Gynecology*

Received Date: 10 January 2017

Revised Date: 17 February 2017

Accepted Date: 2 March 2017

Please cite this article as: Guan Y, Ma C, Clinical outcomes of patients with heterotopic pregnancy after surgical treatment, *The Journal of Minimally Invasive Gynecology* (2017), doi: 10.1016/j.jmig.2017.03.003.

Clinical outcomes of patients with heterotopic pregnancy after surgical treatment

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There is no conflict of interest.

Abstract

Study Objective: This study aimed to review surgical management and clinical outcomes of patients with heterotopic pregnancy (HP) who underwent in vitro fertilization and embryo transfer (IVF-ET) and surgical treatment at the Assisted Reproductive Technology Center of Peking University Third Hospital from January 2010 to December 2015.

Design: We retrospectively analyzed 56 patients' general characteristics, diagnostic features, surgical management, and clinical outcomes according to medical records and follow-up telephone interviews. All of the patients underwent transvaginal sonography on the day of admission. A total of 54 patients underwent laparoscopic surgery. Two patients who were suspected as having heterotopic cervical pregnancy underwent extraction with forceps and curettage under abdominal ultrasound guidance.

Design Classification: Canadian Task Force classification II.

Setting: HP is defined as simultaneous occurrence of intrauterine and ectopic pregnancy. The incidence of HP has dramatically risen with the widespread application of assisted reproductive technology. However, the diagnosis and management of HP still remain challenging.

Patients: Fifty-six patients with HP who underwent IVF-ET and surgical treatment at the Assisted Reproductive Technology Center of Peking University Third Hospital from January 2010 to December 2015.

Interventions: Surgical treatment.

Measurements and Main Results: The incidence of HP in frozen-thawed embryo transfer cycles (29/13,128, 0.22%) was significantly lower than that in fresh embryo transfer cycles (124/22,327, 0.56% (p=.000). The live birth rate was 75.00% without congenital abnormalities and the miscarriage rate was 17.86%. There were no significant differences in the rates of miscarriage (p=.08) and preterm delivery (p=.39) among different positions of heterotopic tubal pregnancy. There were no significant differences in general characteristics, diagnostic features, and intraoperative findings between the miscarriage and non-miscarriage groups, and between the preterm and term delivery groups.

Conclusion: With increased awareness of HP in patients who have undergone IVF-ET, early diagnosis and appropriate surgical treatment may lead to a favorable prognosis.