We retrospectively reviewed eight CSP cases treated with local MTX injection under transvaginal ultrasonography. In all cases, serum human chorionic gonadotropin (hCG) levels were followed and the gestational sac was evaluated by ultrasonography after the treatment. Magnetic resonance imaging (MRI) was performed as necessary. The patient was directed to avoid pregnancy until the cesarean scar was evaluated by hysteroscope six months after treatment. The patients’ clinical characteristics and clinical course following treatment, treatment efficacy, and post-treatment fecundity in patients desiring subsequent pregnancies were evaluated.

Methods

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Conclusion

Transvaginal MTX injection was independently effective and safe for the management of CSP. While the treatment course tended to be long, this method can nevertheless be considered as the first choice of treatment for patients desiring future pregnancies, with careful attention to possible recurrent CSP.