

## **S17.1 A Case Report – diagnostic and treatment difficulty in a patient with retroperitoneal pregnancy**

**Presented by Hong Kong College of Obstetricians & Gynaecologists**

Speaker: Dr Ka-yu Tse  
MRCOG, FHKCOG  
Associate Consultant  
Department of Obstetrics and Gynaecology, QMH

### **Synopsis**

A 32-year-old woman complained of abdominal pain for two days. She was found to have elevated beta-human chorionic gonadotropin ( $\beta$ -hCG) level. Ultrasound showed empty uterus and a right tubal ring of 1.5 cm in diameter, but diagnostic laparoscopy did not show any ectopic gestation. Computed tomography (CT) was performed for better localization of the source of hCG production. However, this was inconclusive as well. Therefore, whole-body positron emission tomography (PET)-CT was performed in order to exclude a hCG-secreting tumour. A retroperitoneal cystic mass was noted in the left para-aortic region with no significantly increased 18-fluorodeoxyglucose (FDG) uptake. Ultrasound was repeated and this revealed a gestational sac and fetal pole with positive cardiac pulsation medial to the left kidney, lateral to the abdominal aorta and inferior to the pancreas. Because of the close proximity to the aorta and the associated surgical risk, medical treatment using single dose intramuscular methotrexate 50 mg/m<sup>2</sup> was given.  $\beta$ -hCG levels did not drop satisfactorily. Therefore, intravenous methotrexate using the regime for treating gestational trophoblastic neoplasia (100 mg/m<sup>2</sup> over 30 minutes and 200 mg/m<sup>2</sup> over 12 hours) was given.  $\beta$ -hCG levels normalized afterwards and serial ultrasound showed interval decrease in the size of the retroperitoneal mass.

In this report, we present a multidisciplinary approach in making the diagnosis of retroperitoneal pregnancy. We will also discuss about the roles of PET-CT and methotrexate in managing this patient.