



### D&C Prior to Methotrexate?

D&C is NOT necessary prior to treatment with Methotrexate (MTX) for a plateau or abnormally rising hCG level. MTX will treat an abnormal pregnancy in the uterus or any other location.

### Typical side effects of MTX

- Less than 30% of patients will experience minor, self-limited side effects from the medication, including nausea, mouth ulcers, and GI cramps.
- Most patients have some lower abdominal pain on the 3-6<sup>th</sup> day after treatment. This is not a problem if ibuprofen or acetaminophen relieves the pain.

### Contraindication to MTX

#### Absolute contraindications

- Breast Feeding
- Overt or laboratory evidence of immunodeficiency
- Alcoholism, alcoholic liver disease, or other chronic liver disease
- Preexisting blood dyscrasias, such as bone marrow hypoplasia, leukopenia, thrombocytopenia, or significant anemia
- Known sensitivity to MTX
- Active pulmonary disease
- Peptic ulcer disease
- Hepatic, renal, or hematologic dysfunction

#### Relative contraindications

- Gestational sac larger than 3.5cm
- Embryonic cardiac motion

### Single Dose Regimen

- Single dose MTX 50 mg/m<sup>2</sup> IM on day 1.
- Measure hCG level on post-treatment days 4 and 7.
- Check for 15% hCG decrease between days 4 and 7.
- Then measure hCG level weekly until reaching the nonpregnant level
- If results are less than the expected 15% decrease, readminister MTX 50 mg/m<sup>2</sup> and repeat hCG measurement on days 4 and 7 after second dose.

If at any time the hCG level rises during the monitoring of weekly hCG levels, consult a GYN Oncologist for further treatment.

Ectopic Pregnancy diagnosed after consultation with HROB or OB/GYN.

### Work-up

- Quantitative hCG
- Type and Screen
- CBC
- Comprehensive Metabolic Panel
- Transvaginal Pelvic Ultrasound (US)

Hemodynamically stable?

No → Consult HROB for immediate surgery or transfer.

Yes

Adnexal Mass ≥ 4 cm  
Cardiac activity  
Pregnancy in location other than a tube

Yes → Consult HROB for immediate surgery or transfer.

No

Platelets,  
kidney,  
and liver function  
normal?

No → Consult HROB for immediate surgery or transfer.

Yes

Is the  
hCG >5000 or is  
there a large  
mass?

No → Single Dose Regimen

Yes → Two Dose Regimen

### Two Dose Regimen

- Administer 50 mg/m<sup>2</sup> on day 1.
- Repeat 50 mg/m<sup>2</sup> on day 4.
- Measure hCG levels on days 4 and 7, and expect a 15% decrease between days 4 and 7.
- If the decrease is greater than 15%, measure hCG levels weekly until reaching non-pregnant level.
- If less than a 15% decrease in hCG levels, readminister MTX 50 mg/m<sup>2</sup> on days 7 and 11, measuring hCG levels.
- If hCG levels decrease 15% between days 7 and 11, continue to monitor weekly until non pregnant hCG levels are reached.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 10/21/22. Click [here](#) to see the supplemental resources for this guideline.

If comments about this guideline, please contact David.Compton@ykhc.org.