



D&C Prior to Methotrexate?

This 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 3-6th 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 50mg/m² IM 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 50mg/m² and repeat hCG measurement on days 4 and 7 after second dose.

Two-dose regimen

- Administer 50 mg/m² on day 0.
- Repeat 50mg/m² 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 50mg/m² 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.

Ectopic Pregnancy diagnosed after consultation with HROB or OB/GYN

Obtain:

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

Hemodynamically stable?

Consult HROB for immediate surgery or transfer

Yes

Adnexal Mass \geq 3cm
Cardiac activity
Pregnancy in location other than a tube

Yes

No

Platelets, kidney and liver function normal?

No

Yes

Is the hCG >5000?

Yes

No

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