

Pregnancy of Unknown Location (Guidance for management of Pregnancy of Unknown Location based on transvaginal US)

The complex criteria for diagnosing and managing early first trimester pregnancy of unknown location are addressed in this module. By selecting options for uterine contents, adnexal findings and hCG level (if relevant), recommendations for management, further evaluation and follow-up evaluation are provided. This module is based on a multispecialty consensus, established at the Society of Radiologists in Ultrasound conducted in 2012.

(Ref: Doubilet PM, et al. Diagnostic Criteria for Nonviable Pregnancy Early in the First Trimester. N Engl J Med. 2013 Oct 10;369(15):1443-51.)

Table 3. Diagnostic and Management Guidelines Related to the Possibility of a Viable Intrauterine Pregnancy in a Woman with a Pregnancy of Unknown Location.*	
Finding	Key Points
No intrauterine fluid collection and normal (or near-normal) adnexa on ultrasonography†	<p>A single measurement of hCG, regardless of its value, does not reliably distinguish between ectopic and intrauterine pregnancy (viable or nonviable).</p> <p>If a single hCG measurement is <3000 mIU/ml, presumptive treatment for ectopic pregnancy with the use of methotrexate or other pharmacologic or surgical means should not be undertaken, in order to avoid the risk of interrupting a viable intrauterine pregnancy.</p> <p>If a single hCG measurement is ≥3000 mIU/ml, a viable intrauterine pregnancy is possible but unlikely. However, the most likely diagnosis is a nonviable intrauterine pregnancy, so it is generally appropriate to obtain at least one follow-up hCG measurement and follow-up ultrasonogram before undertaking treatment for ectopic pregnancy.</p>
Ultrasonography not yet performed	The hCG levels in women with ectopic pregnancies are highly variable, often <1000 mIU/ml, and the hCG level does not predict the likelihood of ectopic pregnancy rupture. Thus, when the clinical findings are suspicious for ectopic pregnancy, transvaginal ultrasonography is indicated even when the hCG level is low.

* Criteria are from the Society of Radiologists in Ultrasound Multispecialty Consensus Conference on Early First Trimester Diagnosis of Miscarriage and Exclusion of a Viable Intrauterine Pregnancy, October 2012.

† Near-normal (i.e., inconsequential) adnexal findings include corpus luteum, a small amount of free pelvic fluid, and paratubal cyst.