PREGNANCIES OF UNKNOWN LOCATION: A PROSPECTIVE EVALUATION OF MANAGEMENT IN A DISTRICT GENERAL HOSPITAL

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Introduction:
Pregnancy of unknown location (PUL) occurs when there is a positive pregnancy test but no sign of intrauterine or ectopic pregnancy (EP) on transvaginal ultrasound. We aimed to investigate presentation, follow-up and clinical outcome of all PULs presenting to our Early Pregnancy Unit.

Methods:
PULs were identified from October 2013 - March 2014. Patient demographics, presenting complaint, reported gestation, serum hCG levels at 0 and 48 hours and outcome were investigated.

Results:
134 cases of PUL were identified out of 2386 women scanned, giving a PUL rate of 5.6%. Reported gestational age ranged from 24-97 days with a median of 44 days. 90.9% women presented with pain and/or bleeding. All women had hCG recorded at 0 hours with a median of 553 mIU/mL (range 5–84175 mIU/L). 67.2% attended for repeat hCG at 48 hours. Of these, 58.9% had a 48 hour hCG ratio of <0.87 classifying them as failing PULs which did not require further intervention. In total 90.3% women had serial hCG levels recorded. Final clinical outcomes were: 64.1% failing PULs, 28.1% intra-uterine pregnancies, 7.8% EPs. 6 (4.5%) cases were lost to follow-up.

Conclusion:
PUL rate of 5.6% is well within recommendations of <15% as is the rate of EPs (7.8%). Although a relatively high proportion of women did not attend for follow-up at 48 hours as requested, over 90% attended for repeat hCG and only 4.5% were lost to follow-up. Considering the challenges of maintaining follow-up in our highly deprived and multi-cultural population, this study shows that our PUL cases are managed safely and within recommendations.