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**CURRENT METHODS OF CERVICAL PREGNANCY DIAGNOSIS**

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**Actuality**: Cervical pregnancy (CP) is a rare form of ectopic pregnancy, which occurs at a frequency of 0.1-0.4% cases. CP development is conditioned by medical and surgical abortions, pelvic inflammatory diseases, uterine tumors and in vitro fertilization. CP is diagnosed when a trophoblast attaches to the cervical canal below the internal os. The fertilized egg grows into the muscle of the cervix to form a single hypervasculated complex, due to lack of decidua in the cervical canal. Therefore, patients develop profuse bleeding in disruption of the integrity of the gestational sac.

**Materials and methods**: The study involved the assessment of medical histories of women with ectopic pregnancy who underwent in-patient treatment at gynecological department of Kharkiv Maternity Hospital No.1 for the last 5 years.

**Results:** The assessment of current methods of CP diagnosis provided in the framework of the study showed that the diagnosis is based on clinical examination findings, human chorionic gonadotropin (hCG) level in blood, ultrasound (US), using color Doppler mapping (CDM) and magnetic resonance imaging (MRI). The study revealed that hCG level in blood does not correspond to CP gestational period. Increase in hCG concentration occurs slower than in normal pregnancy. Ultrasound examination with transabdominal and transvaginal probes determined the location and size of the uterus, identified myometrium structure, the presence or absence of myomatous nodules, endometriosis as well as localization and size of the gestational sac. Ultrasound and CDM of blood flow helped to visualize the location of chorionic vessels, evaluate vascularization of the uterus and its cervical division. MRI tomograms (1 case) clearly identified the margins between the chorion and cervical stroma. Sagittal and transverse sections provided reliable visualization of the gestational sac and helped to detect its size.

**Conclusions**: Thus, complex cases of differential diagnosis, especially in intact CP, traditional clinical methods and determination of hCG in blood should be accompanied by diagnostically crucial up-to-date examination techniques, such as ultrasound with CDM and MRI of the pelvic organs.