

Management strategies compared for pregnancy of unknown location

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(HealthDay)—Although a high rate of crossover between groups may

have influenced the results, an active management strategy appears to more frequently achieve successful pregnancy resolution without change from the initial strategy among women with a persisting pregnancy of unknown location, according to a study published in the Aug. 3 issue of the *Journal of the American Medical Association*.

Kurt T. Barnhart, M.D., from the University of Pennsylvania in Philadelphia, and colleagues randomly assigned 255 hemodynamically stable women with a diagnosed persisting [pregnancy](#) of unknown location (1:1:1) to expectant management (86), active management with uterine evacuation followed by [methotrexate](#) if needed (87), or active management with empirical methotrexate using a two-dose protocol (82).

The researchers reported that 39 percent of participants declined their randomized allocation (26.7 percent declined expectant management, 48.3 percent declined uterine evacuation, and 41.5 percent declined empirical methotrexate) and crossed over to a different group. Women assigned to receive [active management](#) (169) were significantly more likely to experience successful pregnancy resolution without change in their initial management strategy (rate ratio, 1.43) compared with patients assigned to receive expectant management (86). Empirical methotrexate was noninferior to uterine evacuation followed by methotrexate if needed for successful pregnancy resolution without change in management strategy. Vaginal bleeding was the most common adverse event in all groups (44.2 to 52.9 percent).

"The findings suggest that treatment can be tailored to the wishes and needs of each individual patient," a coauthor said in a statement.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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