

Methotrexate Treatment of Ectopic Pregnancy

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Dear Editor,

Though it may be uncommon for Letters-to-the-Editor to be submitted to this journal (*Archives of Obstetrics and Gynaecology*), the outstanding recent publication by Mansour *et al.* [1] may deserve some additional commentary. In their detailed review of randomized controlled trials (RCTs) of intact tubal ectopic pregnancies (EPs) treated with methotrexate (MTX), the benefit of single dose MTX treatment was made clear, recognizing the easily administered low-cost treatment as having an 81% success rate. While their investigation appropriately compared the effects of MTX-dosing for treatment of EP, recognition of the finite risk of treatment failure may also need emphasis for investigations of the treatment of EP, often not adequately discussed generally. Whether “failure” is defined as persistent or rising hCG, or a tubal rupture event post-MTX administration, alertness to this finite possibility is necessary. If success is measured to be 81%, the reciprocal finding of 19% failure needs to be recognized as being clinically significant and extremely harmful. The medical

literature attention to this is clearly warranted. Moreover, if there is a diagnostic means to detect the probability of this failure, perhaps with advanced sonography, we may need to consider performing it routinely [2].

Conflict of Interest

The author denies any conflict of interest for this submission.

References

1. Mansour HA, Ahmed RA, Mohamed A, Mohamed EA. The Effectiveness of Methotrexate in Hemodynamically Stable Women with Tubal Ectopic Pregnancy: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Arch Obstet Gynecol. 2025;6(2):55–65.
2. Fernandez CM, Levine EM, Sodini I, Campbell MB, Locher S. Ectopic Pregnancy: Vascularity Index as a Novel Diagnostic Criterion. Arch Obstet Gynecol. 2022;3(2):71-78.