Editorial Note

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The Scope of Reproductive Immunology is a Field of Medicine

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Reproductive immunology is a field of medicine studies the interactions between the immune system and the components that are related to reproductive system immunological interactions across the blood testis barrier. It deals with the research of high-quality aspects of experiments that encompasses male and female reproductive tract, gestation and parturition, gametogenesis and embryogenesis, implantation and placental development, mammary glands and lactation.

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This scientific publishes all relevant topics in the area of reproductive immunology like immune infertility, gametogenesis, embryogenesis, immunological testing, implantation and placental development, autoimmunity, cancer reproductive immunology, etc.

Although several important topics are mentioned, yet the journal will not be limiting the consideration for publication, other allied topics will be considered if found suitable under the wide scope of the journal.

Authors are encouraged to share their ideas and valuable research outcomes through this platform and provide the global readers updated and most important information in this regard.

The journal is using Editor Manager System for well-ordered submission to publication functioning for the authors, reviewers and editors.

CEP is a rare form of gestation with an incidence of 1 in 9000 deliveries [1]. It associated with high morbidity and potential mortality if not well managed. Historically, CEP was associated with catastrophic haemorrhage and was presumptively managed with hysterectomy [2-4]. In recent times, improved resolution of ultrasound and more specialised training have led to utilisation of more conservative approach with the aim of reducing bleeding and preserving reproductive potential [5].

The pathogenesis of CEP is due faulty implantation of an embryo in the endocervical canal below the internal cervical os. Possible risk factors include previous dilatation and curettage, prior caesarean section, in vitro fertilisation, chronic endometritis and uterine fibroid [5,6].

An important close differential diagnosis of CEP is a miscarriage residing in the cervix, which can be easily detected by positive sliding sign. This means the gestational sac of the miscarriage slides on the cervical canal when gentle pressure is applied on the cervix with a transvaginal probe unlike in CEP [6]. Also, the presence of blood flow surrounding the gestational sac using colour Doppler technology strongly suggests CEP unlike miscarriage.

Many management options of CEP have been described in the literature including dilatation and curettage, parenteral methotrexate injection and local injection of potassium chloride or methotrexate [7]. Use of balloon catheter, uterine artery ligation and uterine artery embilisation (UAE) are important adjunctive measure used to reduce bleeding in the management of CEP [8].

Our case demonstrated important use of MDT approach in management, and adequate preparation was made should massive intra-operative haemorrhage develop. Local and or systemic injection of methotrexate was considered but because of the high B-HCG level and presence of cardiac activity, this was not used as the primary treatment modality. The prompt use of inflated catheter balloon helped to stem massive bleeding, and the adjunctive use of post-operative methotrexate injection contributed to the treatment success.

References

1 Samal S, Ghose S, Pallavee P (2015) Successful Management of Live Ectopic Pregnancy: A Case Report. J Clin Diag Res 9: 12.

2 Persadie RJ, Costescu-Green D, Gerster KM (2016) Cervical Ectopic Pregnancy Complicated by Escherichia Coli Septicemia: A Case Report. 38: 3.

3 Timor-Tritsch IE, Monteagudo A, Mandeville EO (1994) Successful management of viable cervical pregnancy by local injection of methotrexate guided by transvaginal ultrasonography. Am J Obstet Gynecol 170: 737-739.

4 Jessian LM, Amanda K, Katherine S (2018) Second Trimester Cervical Ectopic Pregnancy and Haemorrhage: A Case Report and Review of the Literature. Case Rep Obstet Gynecol 1-3.

5 Singh S (2013) Diagnosis and management of cervical ectopic pregnancy. J Hum Reprod Sci 6: 273-276.

6 Benson CB, Doubilet PM (1996) Strategies for conservative treatment of cervical ectopic pregnancy. Ultrasound Obstet Gynecol 8: 371-372.

7 Trambert JJ, Einstein MH, Banks E, Frost A (2005) Uterine artery embolization in the management of vaginal bleeding from cervical pregnancy: a case series. J Reprod Med 50:844-850.

8 Kung FT, Chang SY (1999) Efficacy of methotrexate treatment in viable and nonviable cervical pregnancies. Am J Obstet Gynecol 181: 1438-1444.

9 Elson CJ, Salim R, Potdar N (2016) On behalf of the Royal College of Obstetricians and Gynaecologists. Diagnosis and management of ectopic pregnancy. BJOG 123: 15-55.