

EP 03.07 Conservative Management of Cesarean Scar Pregnancy with Manual Vacuum Aspiration and Isthmic Balloon Placement: A Case Report

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INTRODUCTION

Cesarean scar ectopic pregnancy (CSEP) is a rare form of ectopic implantation in which the embryo becomes implanted in the fibrous tissue of a previous cesarean section. The pathogenesis of CSEP is still not fully understood. It is postulated that a microdehiscence in the previous uterine scar could allow abnormal implantation of the blastocyst.

CASE REPORT

A 36-year-old woman, gravida 3 para 1, with a history of 1 cesarean section and 1 spontaneous abortion, presented to the emergency department with moderate vaginal bleeding and mild pelvic pain that had been lasting 40 minutes.

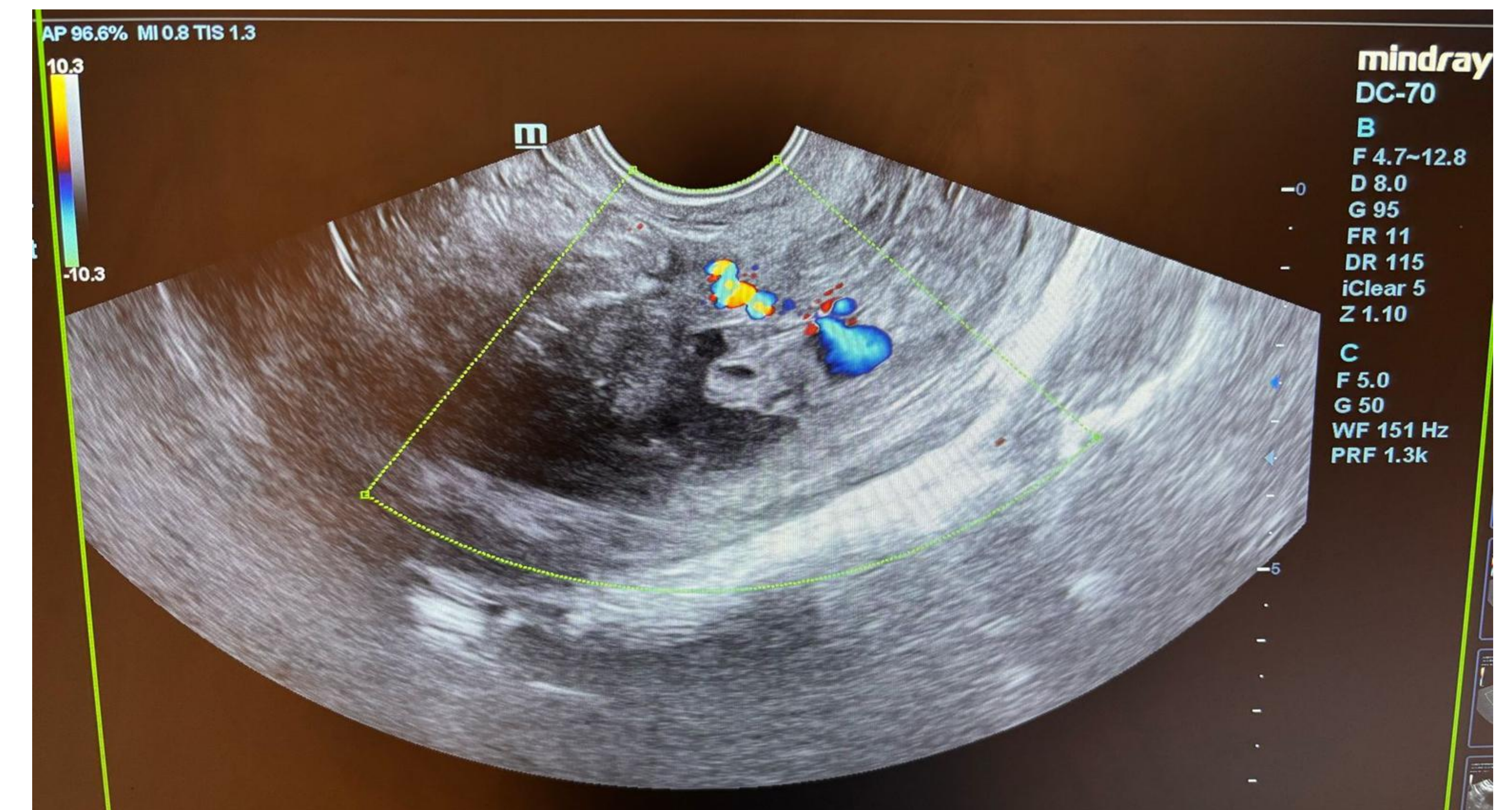
She was hemodynamically stable and no peritoneal signs.

Initial Serum β -hCG was 963.7 mIU/mL.

Surgery: Manual vacuum aspiration (MVA) + Isthmic Balloon Placement(15 cc) removal at 48 hours.

At seven days, TVUS showed a heterogeneous echogenic collection between the isthmus and mid-cervical canal, with no Doppler flow.

The endometrium was thinned to 2 mm, consistent with organized clots. By day 21, the patient remained asymptomatic, and β -hCG had decreased to 2.57 mIU/mL.



Transvaginal ultrasound (TVUS) revealed an enlarged uterus with a heterogeneous 22 mm endometrial collection, absence of fetal cardiac activity, positive Doppler vascularization at the cesarean scar, normal adnexa, and no free fluid detected.

CONCLUSION

MVA was preferred due to the absence of fetal cardiac activity, gestational size, and its lower invasiveness. MVA combined with intrauterine balloon placement was proven to be an effective and safe conservative treatment for CSP. It offers a fertility-preserving option that avoids morbidity and mortality, which makes it a preferred choice in suitable cases.