

The importance of transvaginal ultrasound in diagnosing scar pregnancy – case report

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A scar pregnancy, also called cesarean scar pregnancy (CSP), is a rare type of ectopic pregnancy where the embryo implants in the scar tissue from a previous C-section in the lower uterus, instead of the normal uterine lining. wall. It's often diagnosed via ultrasound early in pregnancy. Treatment usually involves medication, surgery, or minimally invasive procedures to remove the pregnancy, as continuing it risks life-threatening issues like hemorrhage or hysterectomy

Methods: The paper represents a case report of a 26-year-old woman, presenting with 6 weeks of amenorrhea and pelvic pain. The patient had 3 cesarean deliveries, the last 5 years ago, and 6 curettages on request for termination of pregnancy practiced. Favorable post-procedural evolution

Conclusions: Ultrasound (particularly **transvaginal ultrasound**, TVUS) is the first-line and often definitive imaging method for diagnosing CSP. Early and accurate diagnosis is essential because CSP carries high risks of life-threatening hemorrhage, uterine rupture, massive transfusion, placenta accreta spectrum (PAS), and emergency hysterectomy if missed. Routine or targeted early TVUS in patients with prior cesarean delivery **can prevent delayed diagnosis**. Recent evidence supports regimented first-trimester screening in women with previous cesarean sections to identify CSP as an early precursor to PAS.

Results: Ultrasound examination revealed the presence of gestational sac placed obliquely in the lower 1/3 of the uterus, exceeding the midline by over 50% with trophoblast inserted at the level of the hysterorrhaphy scar where important vascularization is evident, 3mm remaining myometrium with no image suggestive of serosa invasion. Embryo corresponding to 6 weeks of pregnancy, embryonic cardiac activity visible. Expectant management is generally not recommended unless the pregnancy is nonviable or the patient strongly desires continuation after thorough counseling. Aspirative curettage of the uterine cavity is decided and practiced. Favorable post-procedural evolution

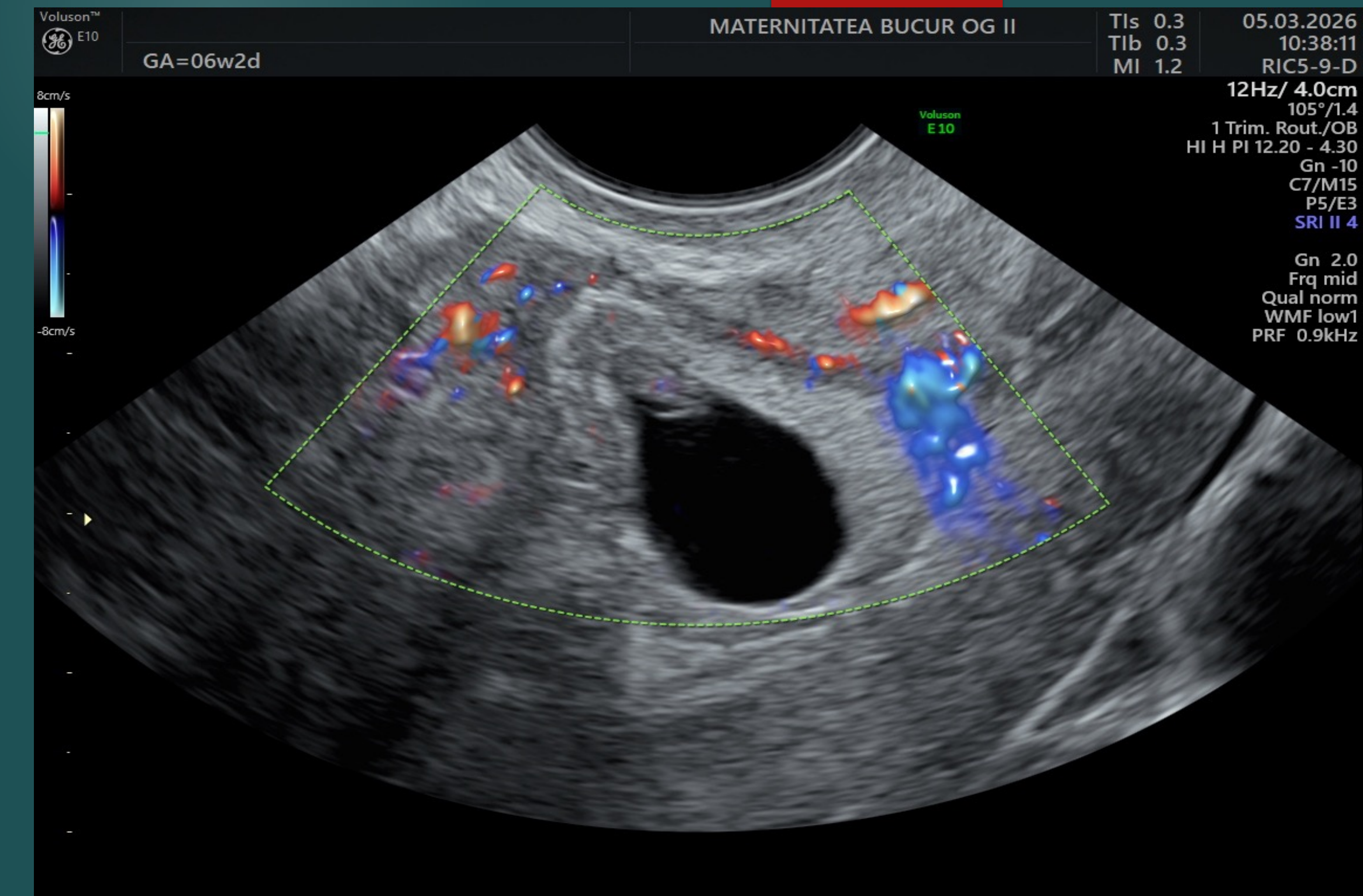


Fig.1. Scar pregnancy – trophoblastic insertion

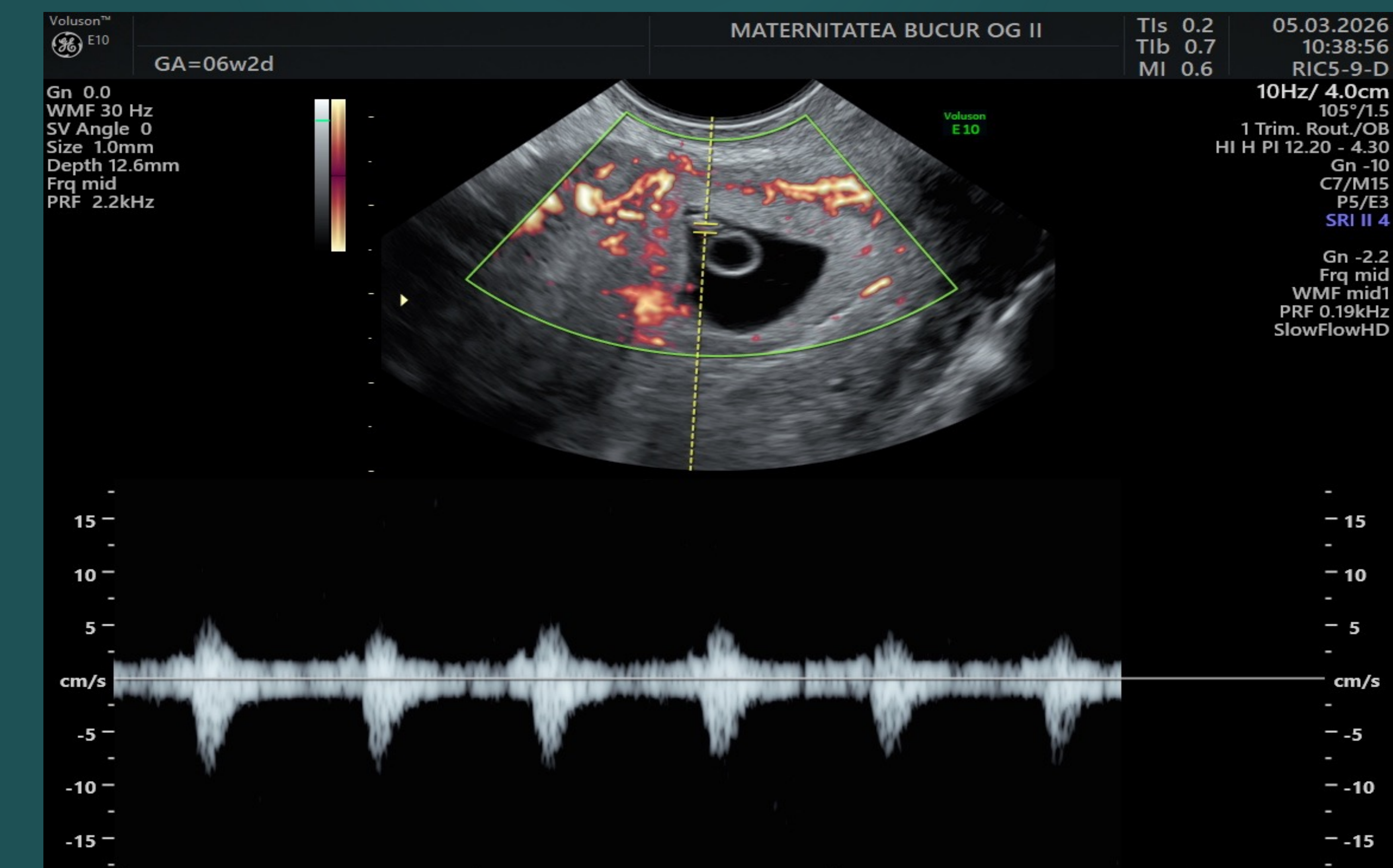


Fig 2. Scar pregnancy –embryonic cardiac activity