



OBJECTIVES

To evaluate the clinical presentation and outcomes of Caesarean Scar Pregnancy (CSP) management in an Emergency Gynaecology Unit (EGU).



METHODS

Retrospective audit of 28 CSP cases managed at the EGU between 2020 and 2025. One patient did not attend for treatment and was excluded, leaving 27 for analysis. Median gestational age at diagnosis was 7 weeks (IQR 5w4d–8w2d). Management was individualised based on clinical presentation, haemodynamic stability, and ultrasound findings.



RESULTS

- Twenty-five patients underwent ultrasound-guided ERPC as primary management; 24 received intraoperative uterotonics and 8 underwent prophylactic cervical cerclage.
- Three subsequently required further intervention: one laparoscopy and two methotrexate courses for persistent RPOC, yielding a primary ERPC success rate of 88%.
- One patient was managed conservatively and one underwent primary laparoscopy.
- Median estimated blood loss was 150 ml (IQR 100–200 ml).
- Two patients required postoperative blood transfusion; both had low haemoglobin levels preoperatively.



CONCLUSIONS

Ultrasound-guided ERPC with intraoperative uterotonics represents an effective primary management strategy for CSP, achieving an 88% success rate with acceptable blood loss. Selective use of prophylactic cerclage and a multidisciplinary approach may further optimise outcomes. Standardisation of CSP diagnostic criteria and management protocols remains essential to enable meaningful comparison across institutions.

1 Patient characteristics and clinical presentation (n = 27)



Median gestational age at diagnosis
7 weeks
(IQR 5w4d–8w2d)



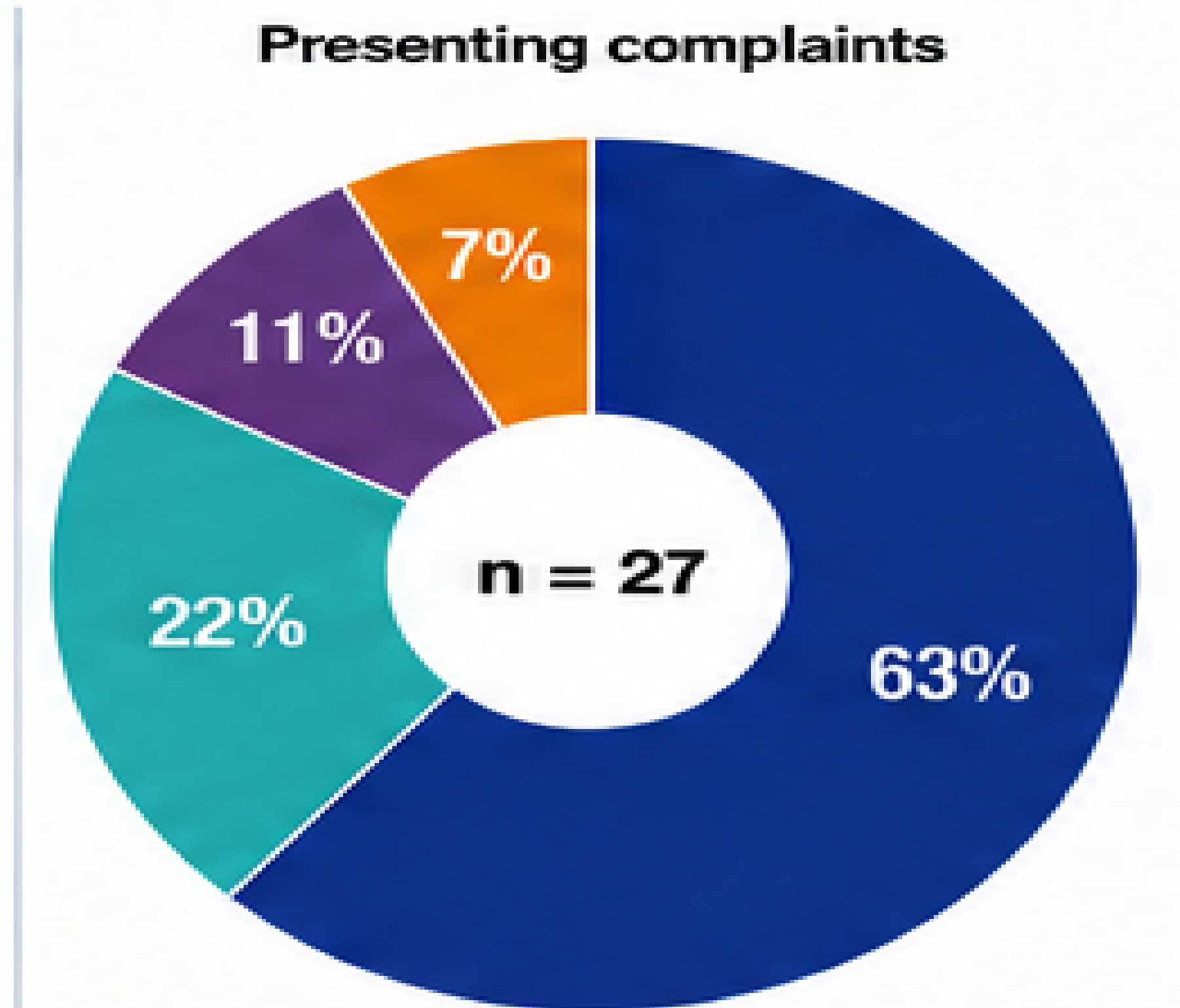
Median number of previous Caesarean sections
2
(IQR 1–2)



Median serum hCG at diagnosis
11,488 IU/L
(IQR 898–41,147)

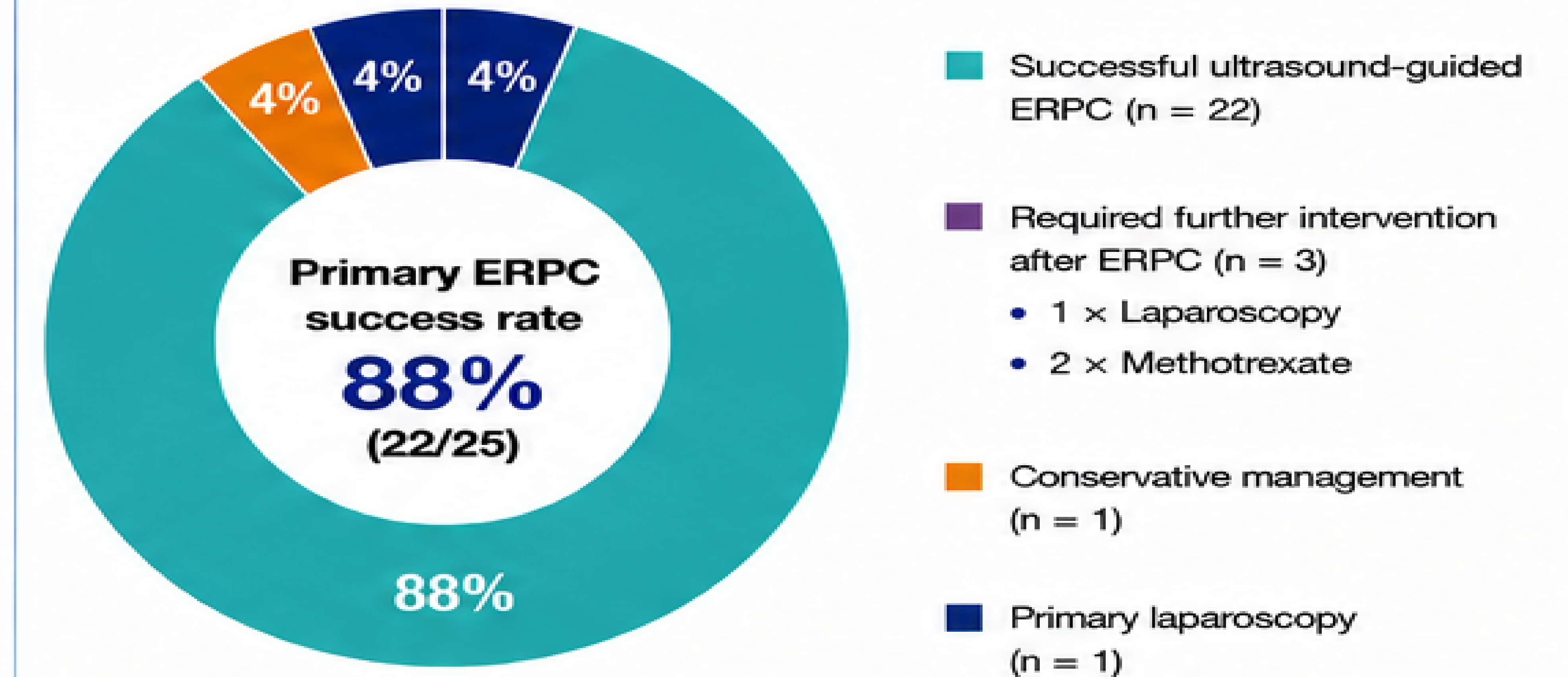


Median progesterone at diagnosis
43 nmol/L
(IQR 16–66)



- Vaginal bleeding (n = 17)
- Vaginal bleeding and abdominal pain (n = 6)
- Abdominal pain alone (n = 3)
- Asymptomatic (n = 2)

2 Management outcomes (n = 27)



Intraoperative uterotonics administered in
24 patients (89%)



Prophylactic cervical cerclage performed in
8 patients (30%)



Median estimated blood loss
150 ml
(IQR 100–200 ml)



Postoperative blood transfusion required in
2 patients (7%)
(both had low preoperative haemoglobin levels)



KEY TAKE-HOME MESSAGE

Ultrasound-guided ERPC with intraoperative uterotonics is an effective first-line management for Caesarean scar pregnancy in a dedicated EGU, with high success and acceptable morbidity. Careful patient selection, adjunctive measures such as prophylactic cerclage, and multidisciplinary care may further enhance outcomes.