

# EP03.65

## When rare meets rarer: caesarean scar pregnancy following a cervical pregnancy

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### Cervical pregnancy (CP)

- 39-year-old woman, gravida 4 para 3
- Active smoker
- Gestational age: 6 weeks and 5 days
- History of three caesarean sections and Strassmann metroplasty for a bicornuate uterus via laparotomy
- Fetal cardiac activity visible,  $\beta$ -hCG: 16,818 mIU/mL

### Cesarean scar pregnancy (CSP)

- Interpregnancy interval of **12 months**
- Gestational sac located within the cesarean scar niche at 5 weeks and 3 days of gestation
- No visible fetal cardiac activity;  $\beta$ -hCG level: 2,279 mIU/mL

### Treatment

Systemic methotrexate  
Transrectal ultrasound (TRUS)-guided enucleation of the cervical pregnancy.

TRUS-guided enucleation of cesarean scar pregnancy.

Uneventful postoperative course; complete pregnancy resolution confirmed by  $\beta$ -hCG and follow-up ultrasound.

### Key message

The TRUS-guided enucleation represents a promising, minimally invasive technique for patients with both CSP and CP seeking fertility preservation. CSP following a previous cervical pregnancy is exceptionally rare; precise ultrasound diagnosis and fertility-sparing management are essential.

Caesarean scar pregnancy:  
 $\approx$  1 in 9000 gestations

Cervical pregnancy:  
 $\approx$  1 in 2000 gestations

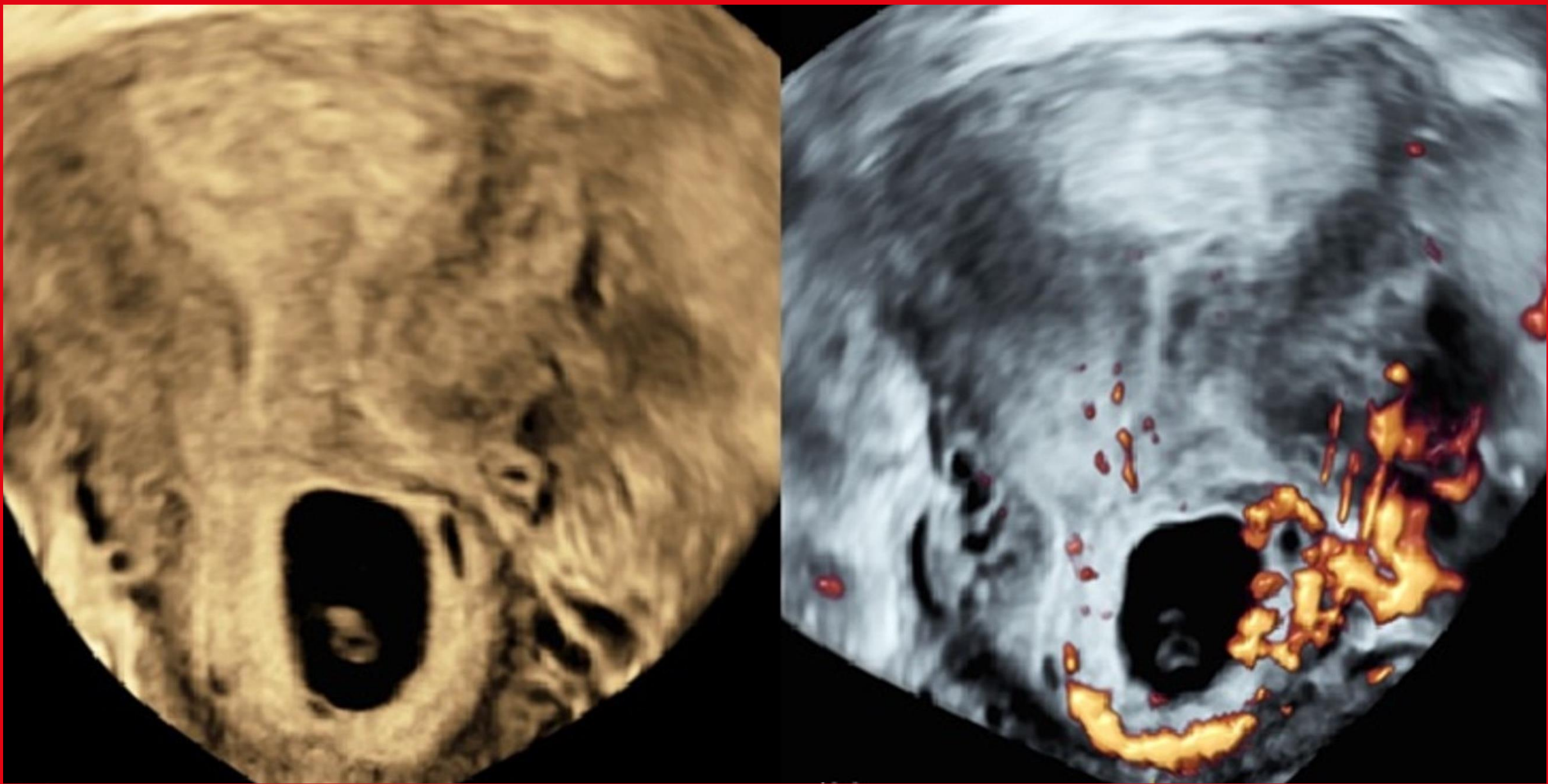


Figure 1. Three-dimensional coronal view of the cervical pregnancy at 6 weeks of gestation. Power Doppler demonstrates prominent vascularization.

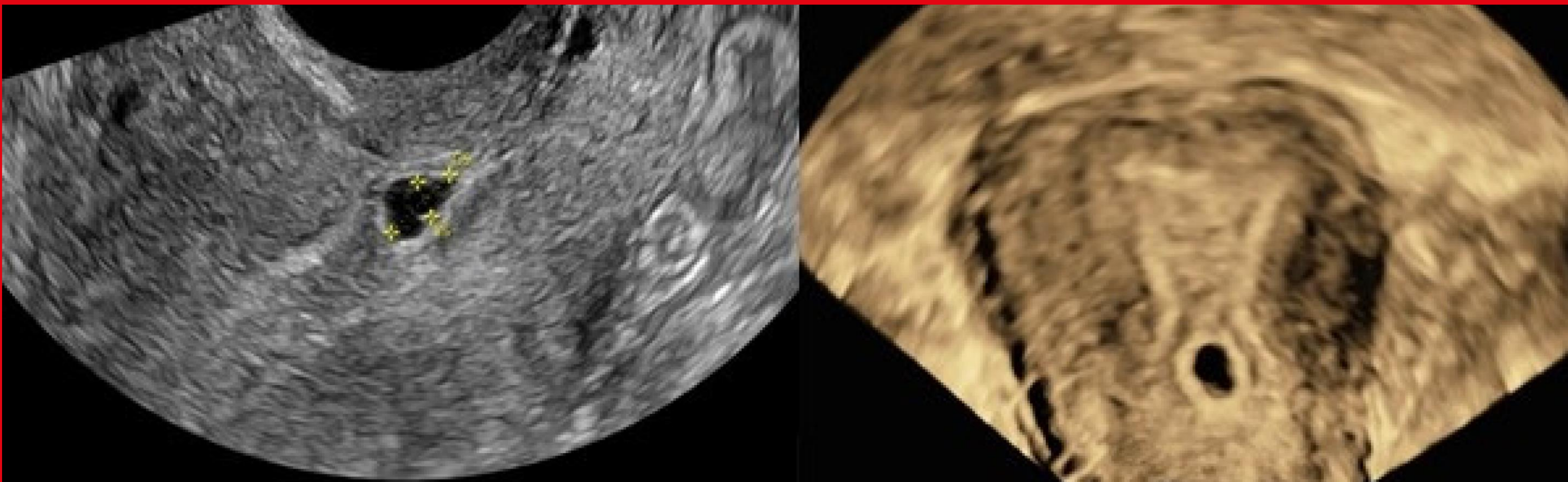


Figure 2. Three-dimensional sagittal and coronal views of the cesarean scar pregnancy at 5 weeks of gestation.



Figure 3. Intact gestational sac removed using Ludwin's cold-loop enucleation technique under TRUS guidance.