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## Ultrasound-guided lidocaine selective reduction for heterotopic cesarean scar pregnancy: a case report and updated systematic review

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### Introduction

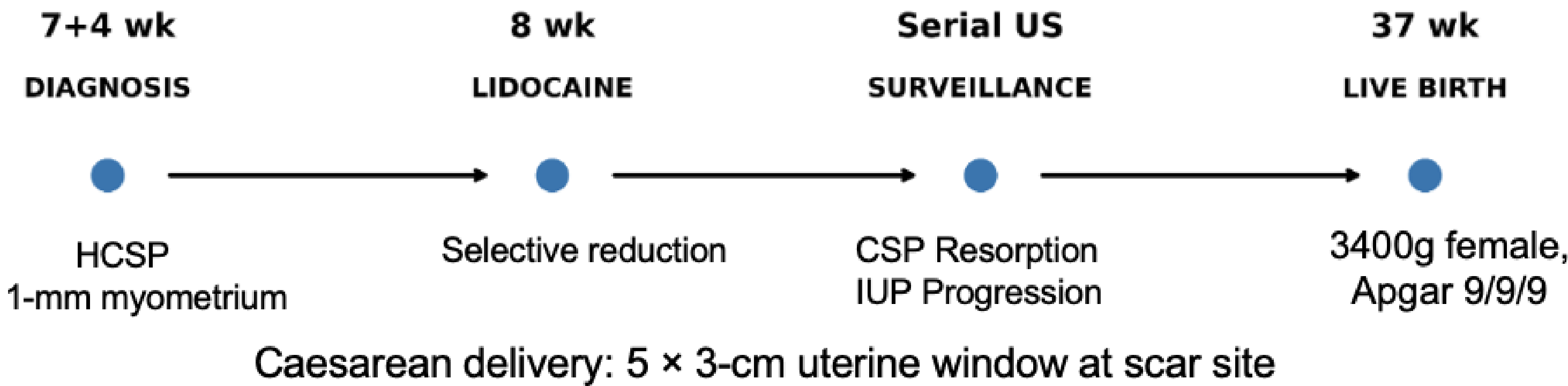
HCSP poses unique management challenges when preservation of the coexisting intrauterine pregnancy is desired. Lidocaine is a rarely reported alternative to potassium chloride for selective reduction.

### Objectives

To report successful lidocaine selective reduction of HCSP and contextualize initial management and outcomes through an updated systematic review.

### Methods

**Case report:** Spontaneous dichorionic diamniotic HCSP diagnosed at 7+4 weeks; US-guided transabdominal selective reduction with 8 mL of 1% lidocaine at 8 weeks.



**Systematic review:** PubMed, Embase, and Web of Science searched through December 2025. Extracted data included initial HCSP management, complications, and pregnancy outcomes.

28 STUDIES | 47 CASES

### Results

| Key systematic-review results: |                  |                           |
|--------------------------------|------------------|---------------------------|
| 57%                            | 23%              | 23%                       |
| IUP live birth*                | Pregnancy loss*# | Hemorrhagic complications |
| 25/44                          | 10/44            | 11/47                     |
| 13% PAS   9% hysterectomy      |                  |                           |

\*IUP outcome rates based on 44 cases with definitive outcomes.  
#Excludes documented intentional/induced termination

**INITIAL LOCAL INJECTION THERAPY (n=12)**  
KCl-containing 75% (9/12) | Lidocaine 1/12 | MTX alone 1/12 |  
Hyperosmolar glucose 1/12  
**Lidocaine previously reported in only 1 HCSP case.**

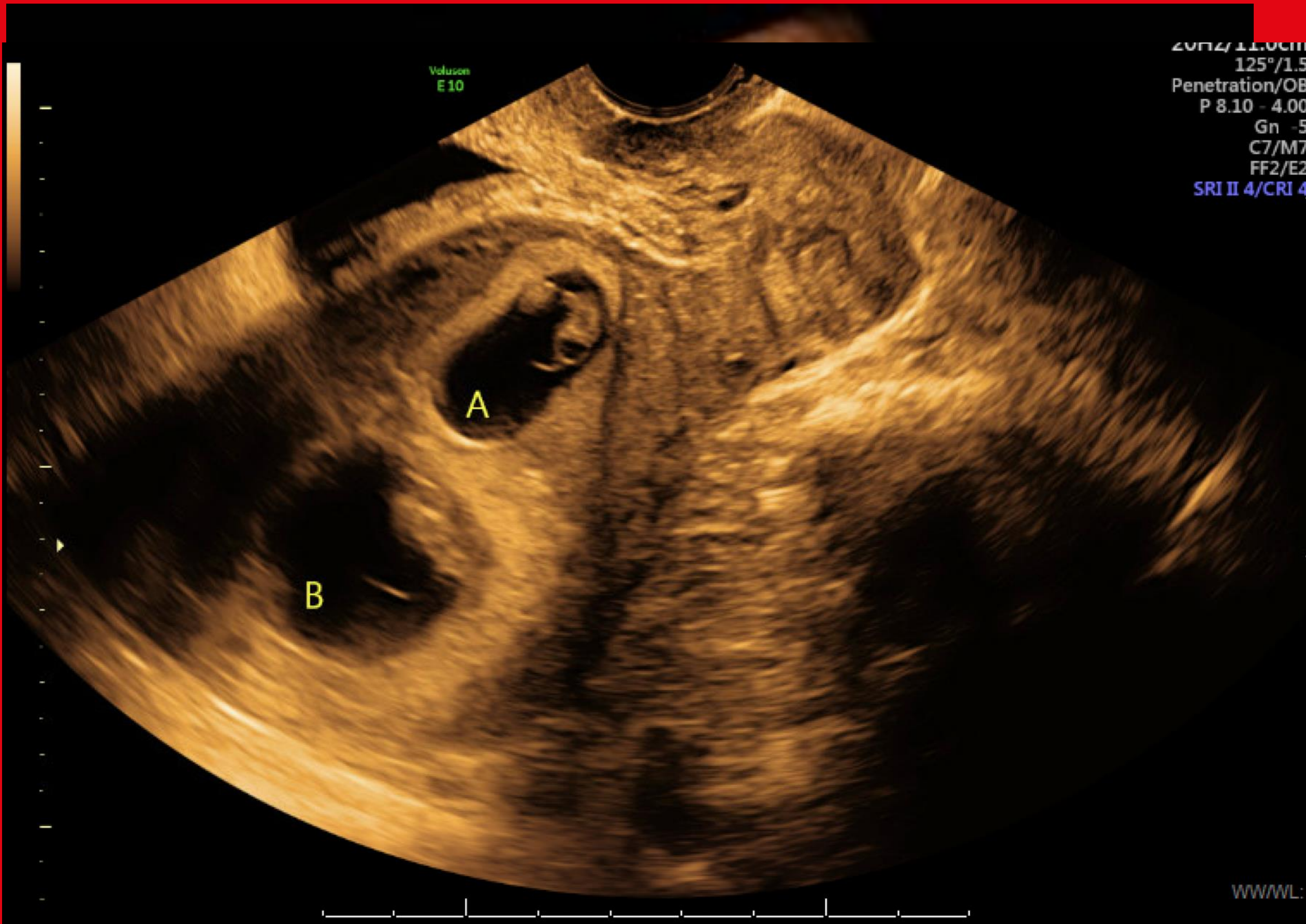


Figure 1. Transvaginal US of our case: 7+4 weeks dichorionic diamniotic HCSP

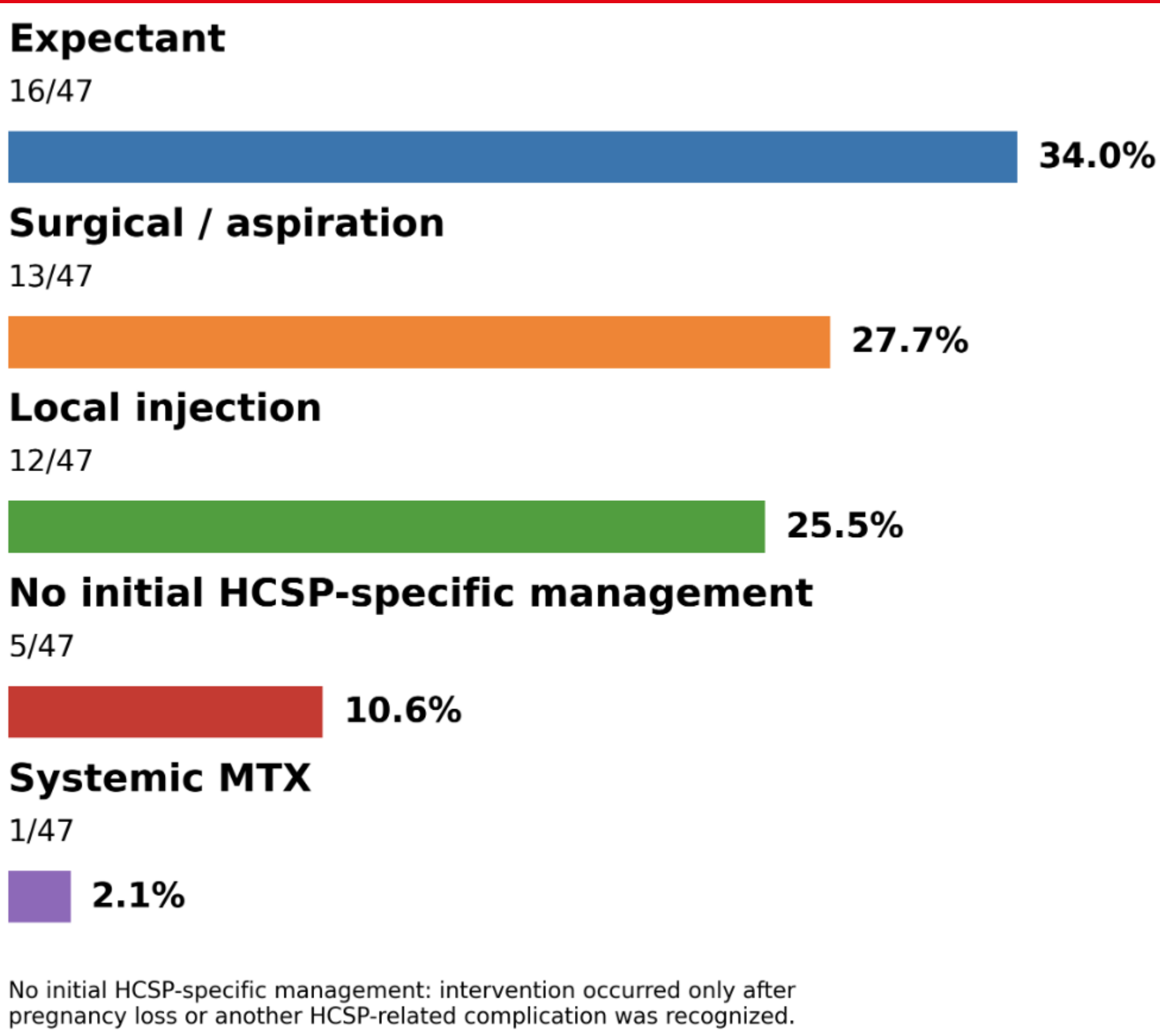


Figure 2. Initial HCSP management from our systematic review

**Conclusion:** Ultrasound-guided lidocaine injection may be a viable technique for selective reduction in HCSP.