



isuog2026.3740c49



Early ultrasound diagnosis of Caesarean scar pregnancy: five cases from a tertiary hospital

Aileen T. Andres, MD, Airen J. Sigue, MD, Teresa Diana B. Bongala, MD

Obstetrics and Gynecology, St. Luke's Medical Center Global City, Metro Manila, Philippines

INTRODUCTION

Caesarean section scar pregnancy (CSP) is a rare type of ectopic pregnancy wherein abnormal implantation is found in previous CS scar. First reported in 1978, it has shown a steady increase in incidence with the rise of CS deliveries in recent years, but remains a rare condition, occurring in approximately 1 in 1800 to 2500 pregnancies. It presents risks of uterine rupture and placenta accreta spectrum disorder.

CASE REPORT

These five index cases of unruptured Caesarean scar pregnancies presented with vaginal bleeding and/or abdominal pain, and were hemodynamically stable. Four of the cases underwent surgery. One case was classified as Type IIIa with the gestational sac bulging towards the serosa, but met the criteria for methotrexate therapy, hence opted to not undergo surgery. All of the index cases had good outcomes such as successful removal of CS scar pregnancy and prevention of excessive blood loss.

DISCUSSION

Diagnosis is primarily made through transvaginal ultrasound with the following findings: gestational sac implanted in the anterior portion of the lower uterine segment at the site of the CS scar, empty uterine cavity with the endometrium clearly visualized, empty cervical canal, thin or absent myometrium between the implanted gestational sac and the bladder. There is currently no consensus on how to best manage it despite being life-threatening when not diagnosed early. A new classification system has been developed based on measurements of anterior myometrial thickness and gestational sac diameter with recommended surgical treatment for each type.

Table 1. Clinical characteristics, classification, and management of Caesarean scar pregnancy in five patients

	Patient A	Patient B	Patient C	Patient D	Patient E
Age of gestation	6 weeks	9 6/7 weeks	7 6/7 weeks	6 weeks	5 2/7 weeks
Gestational sac	38mm	42mm	29mm	11mm	6mm
Cardiac activity	Absent	Present	Present	Absent	Absent
Anterior myometrial thickness	<1mm	<1mm, bulging	2.5mm	<50%	11.6mm
Serum beta hCG	4,580.67 mIU/mL	169,189 mIU/mL	168,161.6 mIU/mL	14,965.37 mIU/mL	3,610 mIU/mL
Classification	Type IIIa	Type IIIa	Type IIa	Type IIa	Type I
Management	Methotrexate	Exploratory laparotomy, hysterotomy, evacuation of products of conception	Exploratory laparotomy, hysterotomy, evacuation of products of conception	Laparoscopic excision of cesarean scar pregnancy with fulguration of endometrial implants	Laparoscopic excision of cesarean scar pregnancy with repair of CS scar niche

CONCLUSION

The utilization of early first trimester transvaginal ultrasound and a classification system that identifies high-risk factors for uterine rupture and hemorrhage provides guidance for individualized treatment of CSP.

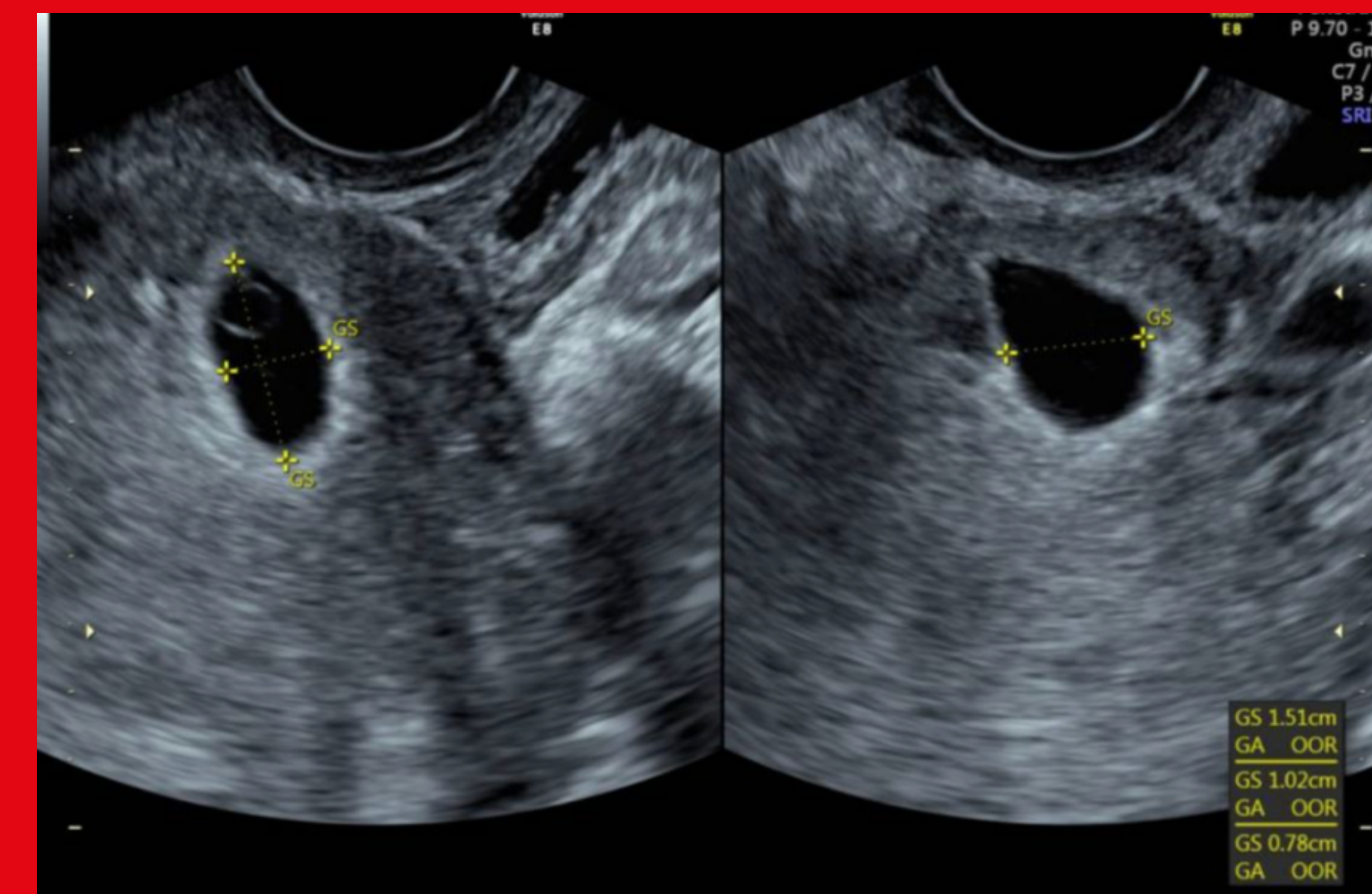


Figure 1. Type IIa managed surgically (laparoscopy)

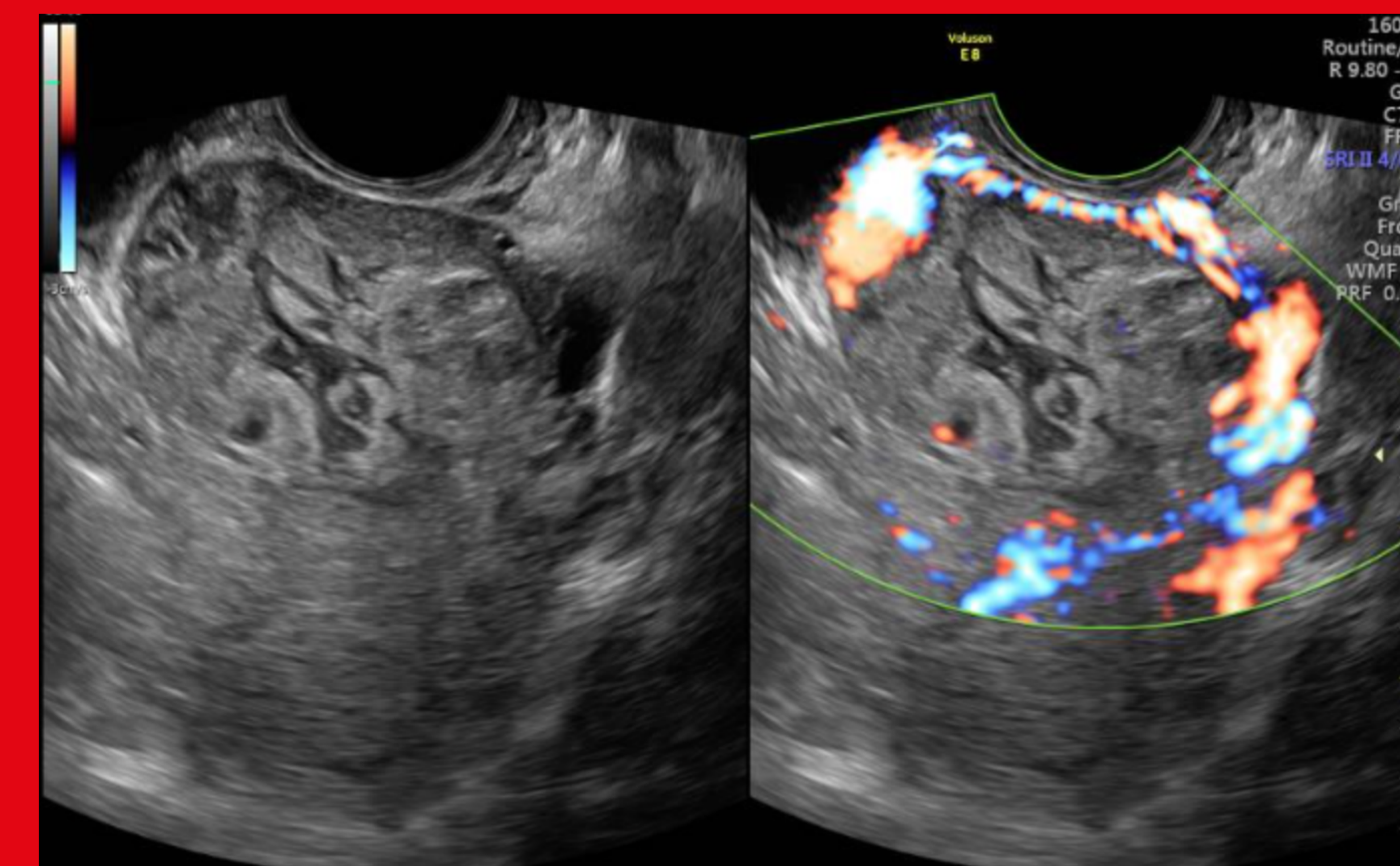


Figure 2. Type IIIa CSP managed with methotrexate



Figure 3. Type IIIa CSP managed surgically (laparotomy)