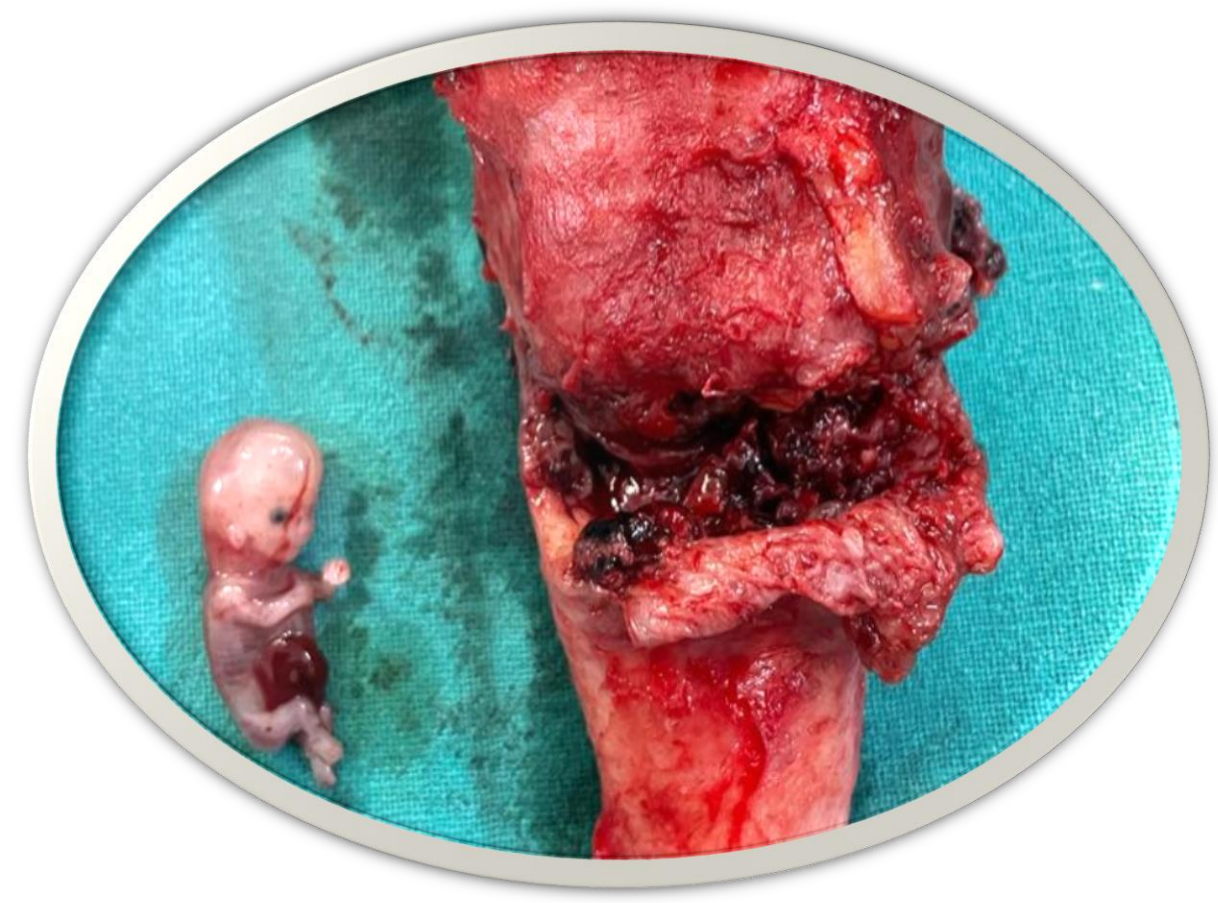
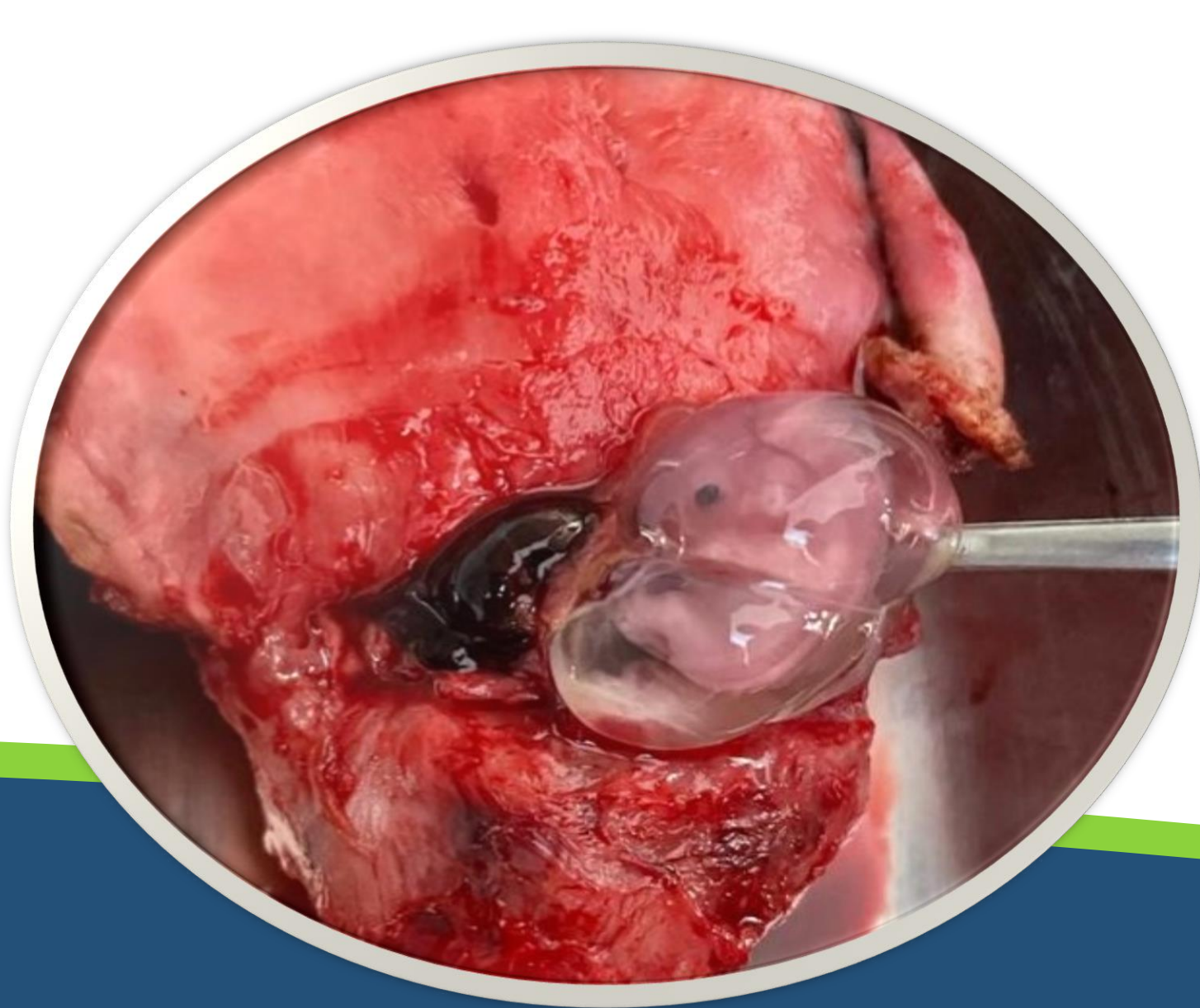




CAESAREAN SCAR ECTOPIC PREGNANCIES - A CASE SERIES

Dr. Sunita Chandra (1), Dr. Suhani Chandra (2)

1. Consultant 2. Junior Consultant, Rajendra Nagar Hospital and IVF Centre, Lucknow, India



INTRODUCTION

As the rate of caesarean sections in on the rise, the incidence of Caesarean Scar Pregnancies (CSP), which were once considered rare entities, has also seen an increase in the last few years. A Caesarean Scar Pregnancy is defined as implantation of pregnancy within the myometrium at the site of the previous hysterotomy scar. The incidence has been noted to vary between 1 in 1800 to 2500 caesarean deliveries. Being an uncommon diagnosis, there is dearth of clear guidelines when dealing with a potentially life-threatening case of CSP. We present a series of 3 cases of Caesarean scar ectopic pregnancies diagnosed at a single centre within a 6-month period and managed surgically.

Case 1

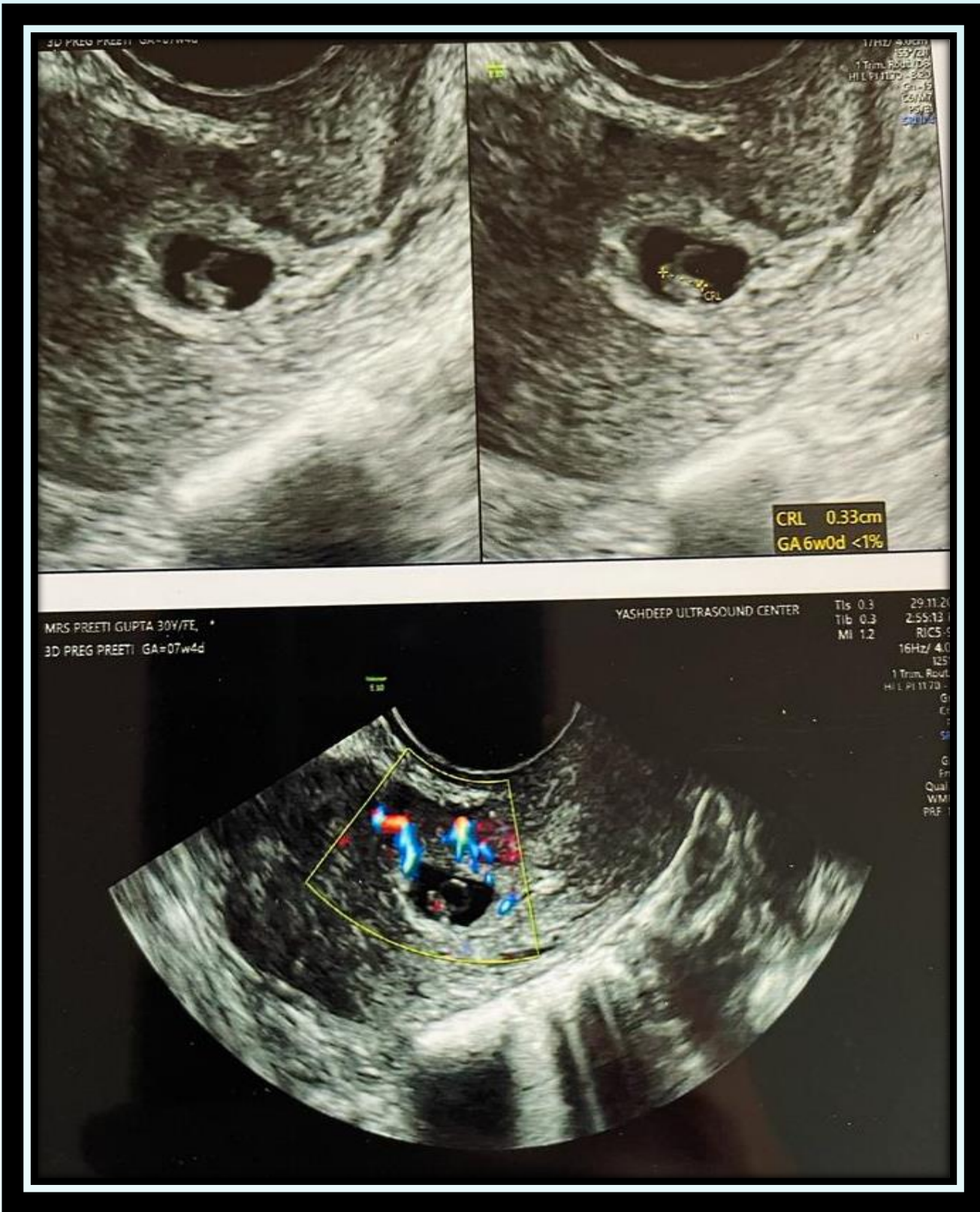
Mrs. A, 37 years old, G2P1 with c/o bleeding per vaginum and mild pain in abdomen for 15 days. Her LMP was 3 months back and she was referred as a case of missed abortion for further management.

Obstetric history - 1 previous preterm LSCS, 10 years back Gestational age at diagnosis- 11 weeks 5 days Pre-treatment Beta-HCG - 3,463 mIU/mL Co-morbidities - Hypertension, Diabetes Mellitus, Hypothyroidism	USG findings - Gestational sac - 7weeks 5 days with no cardiac activity. Placenta anteroposterior and low lying. Decidual invasion into anterior uterine wall at scar site with dense vascularity. MRI Findings - Missed abortion with gross thinning of lower uterine segment with decidual invasion into myometrium.	Management - Laparotomy was done. Completely thinned out lower segment distended with vascular contents was noted. Hysterectomy was done with products in-utero. Histopathology - Uterus with products of conception with Placenta Percreta. Days in hospital - 5
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Case 2

Mrs. B, 30 years old, G2P1 with c/o amenorrhoea of 1 month and a positive Urine Pregnancy Test. She had no other complaints and came to the hospital for a regular antenatal check up..

Obstetric history - 1 previous LSCS, 1 year back Gestational age at diagnosis- 6 weeks 5 days Pre-treatment Beta-HCG - 5,202 mIU/mL Co-morbidities - None	USG findings - Gestational sac seen in lower segment of uterus with viable foetus with CRL - 6 weeks, with presence of cardiac activity. Myometrial thickness at scar site - 3.2mm. Cervix normal. Both adnexa normal..	Management - Laparotomy was done with Resection of caesarean scar pregnancy. Blood loss was minimal during surgery. Histopathology - Products of conception Days in hospital - 3
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Case 3

Mrs. C, 33 years old, G3P2 with c/o continuous bleeding per vaginum for 10 days and severe pain in abdomen for 1 day. Her LMP was 2 months back and was referred as a case of suspected scar ectopic pregnancy with scar rupture.

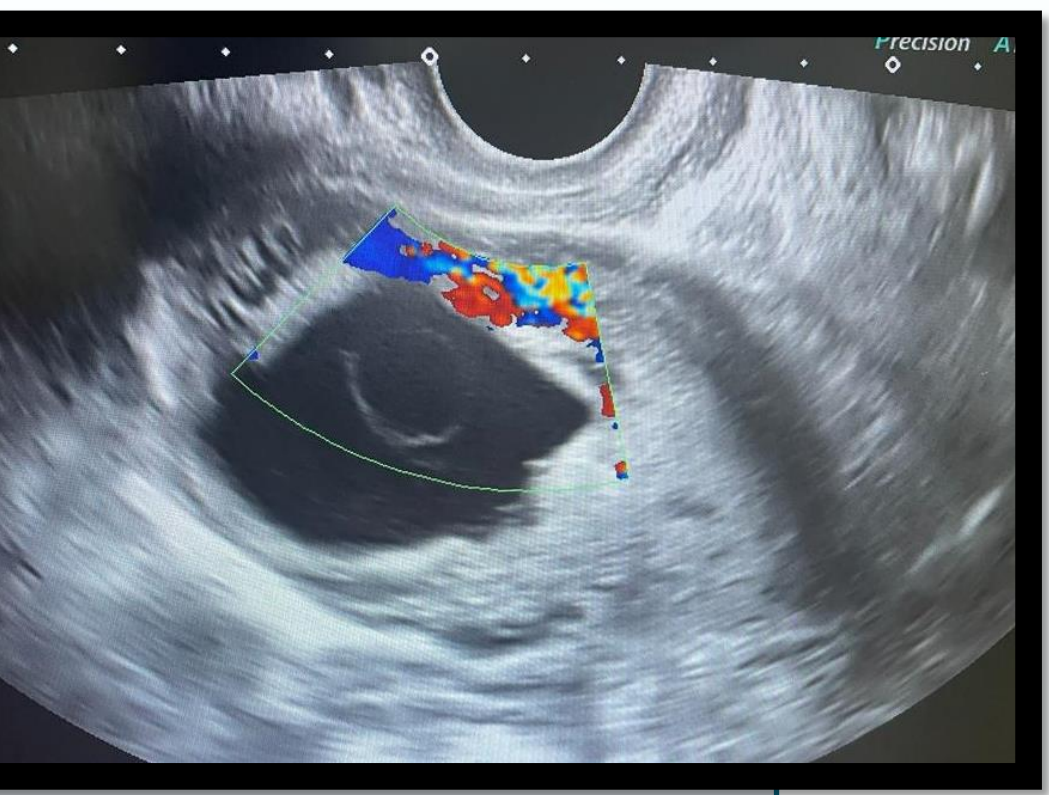
Obstetric history - 2 previous LSCS, 5 and 2 years back Gestational age at diagnosis- 8 weeks 6 days Pre-treatment Beta-HCG - 2,108 mIU/mL Co-morbidities - Severe Anaemia Low BMI Known case of Hepatitis B	USG findings - Gestational sac - 7weeks with no cardiac activity seen in lower uterine segment at the level of caesarean scar. Myometrial thickness could not be clearly defined. Subchorionic haematoma present. Fluid seen in Pouch of Douglas and abdominal cavity.	Management - Emergency Laparotomy was done. Haemoperitoneum drained. Scar dehiscence was noted in the left half myometrium. Hysterectomy was done with products of conception in-utero. Histopathology - Uterus with products of conception. Days in hospital - 6
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DISCUSSION AND CONCLUSION

In the present series, one patient was diagnosed at 7 weeks, the second at 7 weeks 2 days and the third at 8 weeks 6 days POG. The first two patients had a history of a single caesarean section, while the third had undergone 2 caesareans previously. One patient also had a history of uterine curettage. Two out of three pregnancies had cardiac activity at diagnosis. One patient underwent a successful conservative surgery with uterine preservation. One patient had a planned hysterectomy. The third patient had to undergo hysterectomy due to haemorrhage and scar dehiscence. Caesarean Scar Pregnancy may be relatively asymptomatic, but is a potentially life threatening condition. The importance of an accurate, timely diagnosis and prompt management cannot be overemphasised. Certain studies have even shown favourable results after medical management of CSP but there is still lack of evidence of safety of such an approach, especially in cases of a live pregnancy. Treatment of CSP needs to be individualised, with special emphasis on patient counselling and support.

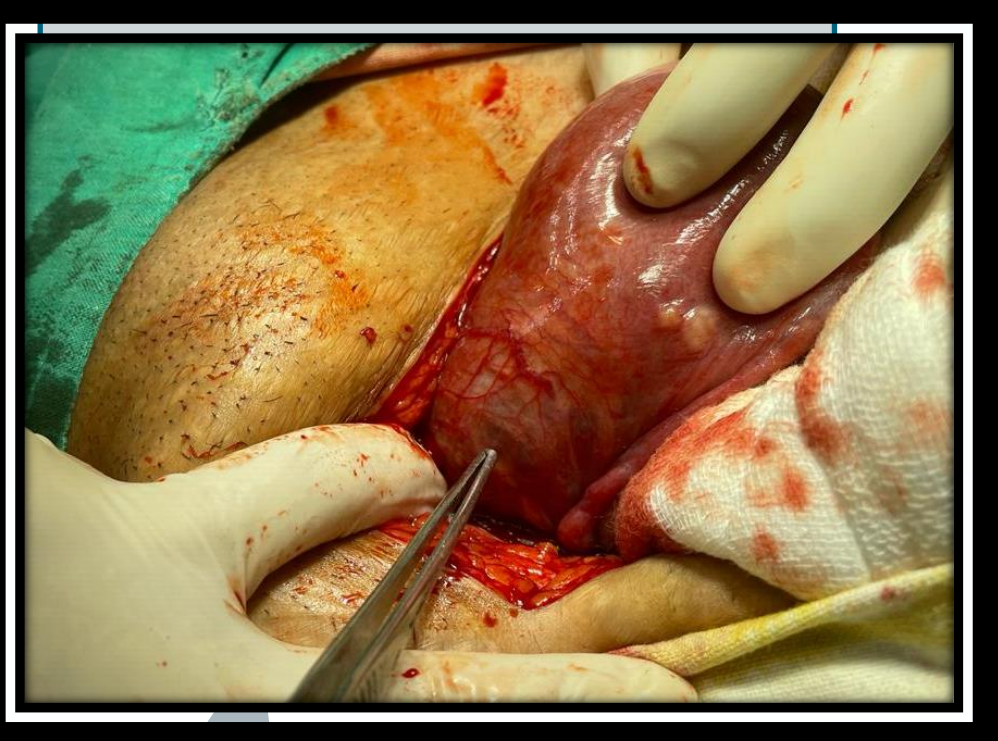
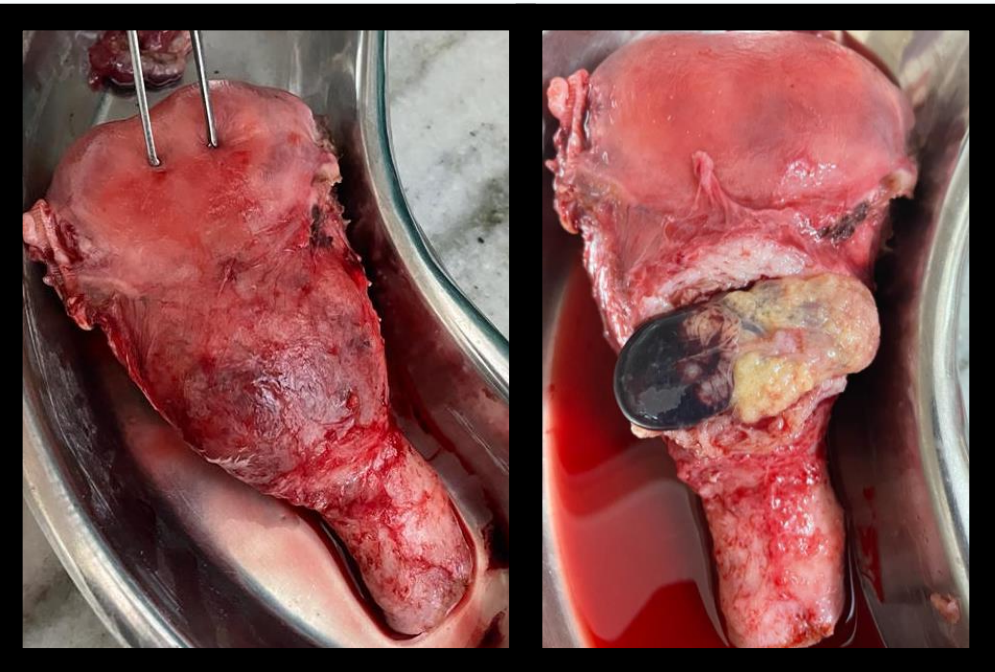
REFERENCES

1. E. Hendriks, R. Rosenberg, L. Prine, Ectopic pregnancy: diagnosis and management, Am. Fam. Physician 101 (10) (2020 May 15) 599-606.
2. Timor-Tritsch IE, Monteagudo A, Santos R, et al. The diagnosis, treatment, and follow-up of cesarean scar pregnancy. Am J Obstet Gynecol 2012;207(1):44.e1-44.e13.
3. Harzif A, Maidarti M, Shadrina A, Saroyo Y. Cesarean scar pregnancy management: Different approach for different situation; A case series. Annals of Medicine and Surgery. 2021;70:102808.



USG features showing sac with thin lower segment with high vascularity

Intra-operative findings of a highly vascular and distended lower segment

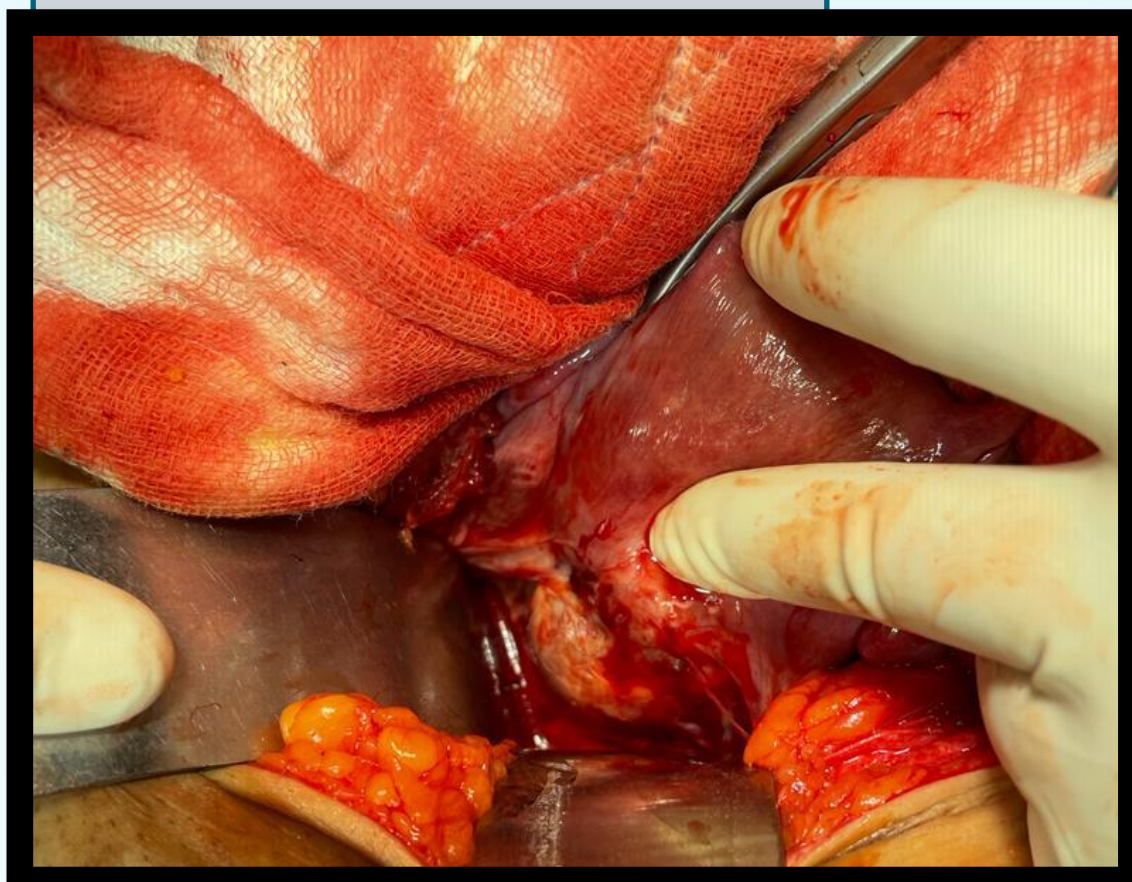
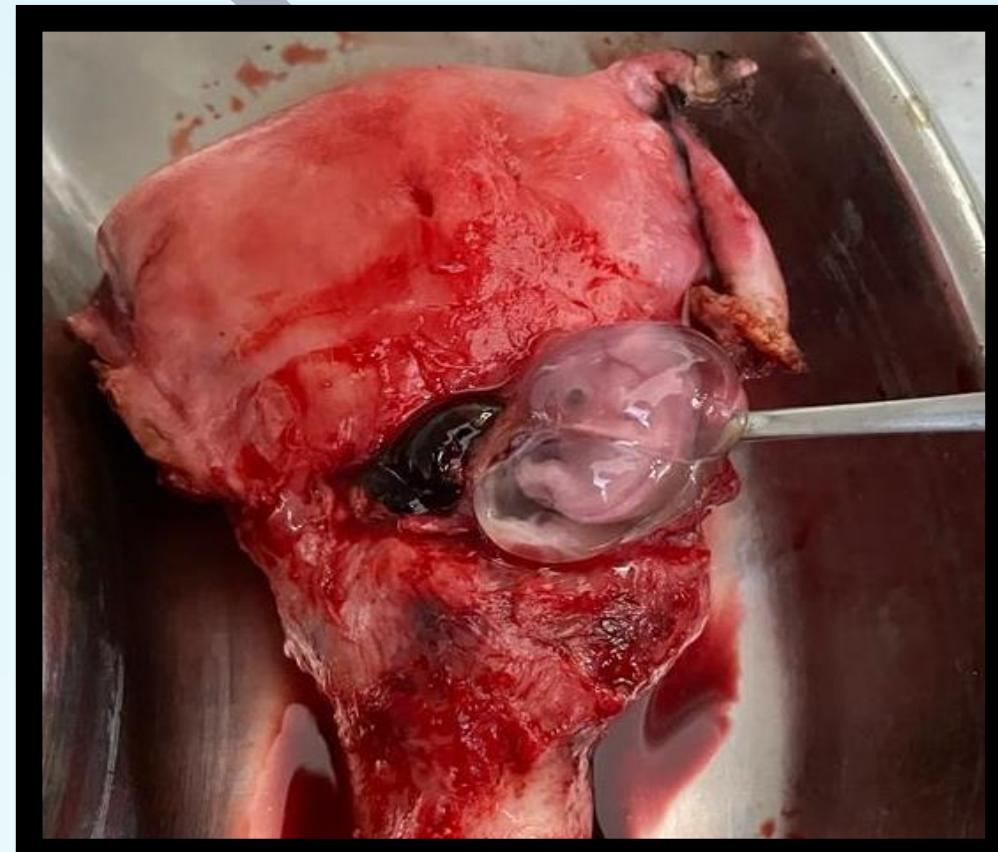


Post-operative hysterectomy specimen



USG features showing sac with thin lower segment with haematoma

Intra-operative findings of scar dehiscence



Post-operative hysterectomy specimen